DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH and 2 after death. 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH a. COUNTY b. COUNTY on papers. Pages 1 within 72 hours after Wicomico MARYLAND Marvland Wicomice CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Days Salisbury Mardela = d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 24 Deer's Head State Hospital -YES NO X within rand completely remove carbon in any event, with letely 3. NAME OF Middle Last 4. DATE Month Dav Year DECEASED (Type or print) Adkins Taila Elizabeth DEATH 19 66 August 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED AGE (In years | IF UNDER 1 YEAR | FUNDER 24 HR\$ NEVER MARRIED [ last birthday) | Months | Days Hours Nov. 19/1886 Female DIVORCED White WIDOWED IX attending physician a ermit. Then please re m, or removal, and in 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR Ξ 11. BIRTHPLACE (County & State, or foreign country) | 12. CITIZEN OF WHAT be during most of working life, even if retired) Co) Ma County School Mardela(Wicomico Retired certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Emma Holloway Edward Wright 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Robert L & Ca SalisburyMd. -16. SOCIAL SECURITY NO. death (Yes, no, or unkewn) (If yes give war or dates of service) d by the att transit perm cramation, No Mardela Mary has been signed by the e as the burial-transit p h prior to burial, cramati CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: PHYSICIAN: The law requires that the hospital or attending physician. Cerebro-Vascular Accident 6 Weeks IMMEDIATE CAUSE (a) DUE TO Hypertension Years Cenditions, If any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY for use Health CERTIFICATI PERFORMED? certificate NO DO 20a, ACCIDENT WAS UNDERLYING F 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) r this certil detached f te Dept. of I OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) N/A 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) DIRECTOR: After the age 3 should be det filed with the State D factory, street, office bldg., etc.) Hour a.m. Not While retained by at work at work 21. I certify that (I) (this hospital) attended the deceased from that (I) (we) last and that death occurred at \$ :50 M. from the causes and on the date stated above. saw the deceased alive on 22b. DATE SIGNED OR be page filed ATTENDING MED. STAFF PHYS. DIRECTOR M.D. 4 may O FUNERAL director, pa should be fil PHYSICIAN'S 22c. 22d. ADDRESS NAME (Type) Charles H. Winnacott, M.D. Deer's Head State Hospital, Salisbury, Md. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) 0 Mardela Mem. Cemetery (Old Sect.) Mardela, Aug. 16/ 1966 Burial REC'D BY REGISTRAR | 25b. 24. FUNERAL DIRECTOR Marles 1966 COMPANY SALISBURY, MARYLAND VR A15 (4)

MARYLAND STATE DEPARTMENT OF HEALTH

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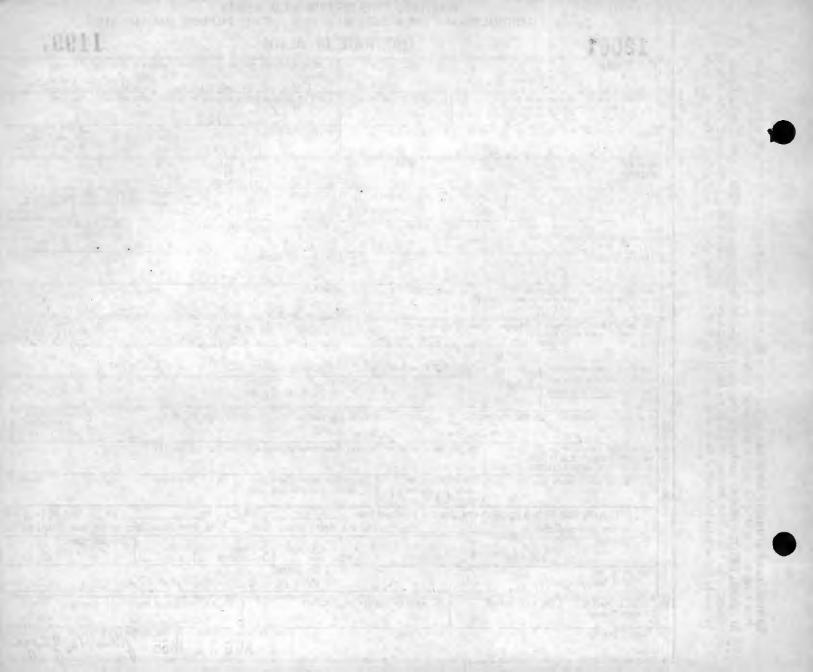
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 12001 death. The law requires that the death certificate be executed within 24 haurs after death filled in by the funeral papers. Pages 1 and 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY b. COUNTY MARYLAND URCESTER b. CITY OR TOWN (If outside corporate limits. C LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) write RURAL and give nearest tawn) 9 CT/CILIK e. 15 RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS hin 72 ON A FARM? YES NO 3. NAME OF Middle Lost DATE Month Year First COV OECEASEO GAUCH MIA nove corr (Type or print) DEATH N IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX DATE OF BIRTH 9. AGE (In years 6. COLOR OR RACE 7. MARRIED NEVER MARRIEO Jast birthdoy) Months Hours Oovs WIDOWEO OIVORCEO 12. CITIZEN OF WHAT 10g. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11, BIRTHPLACE (County & State, or foreign country) during most of working life\_even if retired) INDUSTRY COUNTRY? OULTRY YOULTRY ENT: 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or remayal, AUCHA 16. SOCIAL SECURITY NO. 17. INFORMANT IS. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, or unknown) (If yes give wor ar dates of service) burial, cremation, ENTERVAL BETWEEN 1B. CAUSE OF OEATH (Enter only one cause per line for (a) (b), and (c).) signed by the buriol-tronsit p PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) be retoined by the hospitol or attending physicion. **OUE TO** Canditians, if any, which gave rise to immediate cause (a), **OUE TO** stating the underlying couse TO FUNERAL DIRECTOR: After this certificate has been d for use os the of Heolth prior to WAS AUTOPS'
PERFORMEO? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO an sow son YES 205. OESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) 200. ACCIDENT WAS UNDERLYING I OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Hame, farm, 20f. (City or tawn) (County) (State) 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED foctory, street, affice bldg., etc.) Not While at wark at wark 1966,10 21. I certify that (I) (this hospital), attended the deceased fram. 1966, and that death accurred at 7:25 AM, fram causes and an the date stated above saw the deceased alive on 151 22b. OATE SIGNED 220. SIGNATURE STAFF PHYS. DIRECTOR M.O. director, page should be filed 22d. ADDRESS 22c. PHYSICIAN'S Page 4 may NAME (Type) Swald MEDICAL CENTER, SALISBURY, MD Burton, M.D 23c. NAME OF CEMETERY OR-CREMATORY 230. BURIAL CREMATION. 23b. DATE THEREOF 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify) ERY 114 SURVAL 250 REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) AUG 1866



Division of STATISTICAL RESEARCH AND RECORDS, 301-W. PRESTON STREET, BALTIMORE 1. MARYLAND MEDICAL EXAMINER CERTIFICATE OF DEATH 1. PLACE OF DEATH USUAL RESIDENCE (Where decessed lived, If institution, Ree. COUNTY b. COUNTY WICOMICO MARYLAND MARYLAND WICOMICO b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give necrest town) write RURAL and give neerest town! d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) SALISBURY SALISBURY d. STREET ADDRESS 15 RESIDENCE ON A FARM? YES NO F OCEAN CITY 163 3. NAME OF Middle Year DECEASED DEATH (Type or print) ASTEH JONES BENSON 66 5. SEX 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years LIF UNDER IF UNDER 24 HRS. last birthday) Months Days Hours female WIDOWED DIVORCED Yrs. IDe. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stelle or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) HOUSE WIFE U.S.A. HOME PENNSYLVANIA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME HARRY JONES MAR BE 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no. or unknown) [[[fyesqivewerordetesofservice]] IB. CAUSE OF DEATH lenter only one cause per line for (e). (b), er INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if eny, which (6) geve rise to immediate cause DUE TO (a), steting the underlying couse lest. (0) PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION NO 2De. EXTERNAL CAUSE WAS 2Db. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Port I or Port II of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. prior MEDICAL 20c. TIME OF INJURY 2Dd, INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 2Df. (City or lown) Month, Day, Year (County) (State) fectory, street, office bldg., etc.) While Not While at work | et work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection / and in my opinion designafed death resulted from: Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED should be to SIGNATUR DEPLITY MEDICAL EXAMIN ö EXAMINER'S NAME (Type) please 4 should O FUN Health 228. BURIAL, CREMATION, 22d. LOCATION (City, town, or country) (Stele) REMOVAL (Specify) PARSONS SALISBURY, MARYLAND CEMETERY 24e. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE ADDRESS YR ASSME SM 1/62 SALISBURY, MARYLAND

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> 글까날	3. NAME OF DECEASED (Type or print) IAMES BREWER	BRASHER DEATH Hugust 7 1966
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	21. I certify that (I) (this hospital) attended the deceased from	8/4 1966 to 8/7 1966 that (11) (we) las
TEND tained OR: / hould h the		death occurred at 3 2M, from the causes and on the date stated above
With With	22a. SIGNATURE	22b. DATE SIGNED
AL OR nay be NL DIRE page 3	I alfred Colls-M.D.	ATTENDING DIRECTOR PHYS.
may may RAL D	22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS D. C. V. Speed to
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Page 4 may be retaine to Funeral Director, page 3 should be filed with the	23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR OREMATORY 23d. LOCATION (City, town or county) (State)
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH funeral and 2 death. after death. PLACE OF DEATH a. COUNTY USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) by the Pages 1 ar the h a. STATE aryland b. COUNTY Wicomico Wicomico MARYLAND b. CITY OR TOWN (if outside corporate limits, C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) hours hours Parsonsburg Parsonsburg .≘ papers. iin 72 h d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled d. STREET ADDRESS 24 R.D.#1 R.D. 科1 completely sve sarbon p event, within executed within NAME OF First Middie Last 4. DATE Month DECEASED Brittingham August Martha (Type or print) DEATH Elsie SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 7. MARRIED NEVER MARRIED last birthday) remer n any Months White Sept. 25. Female WIDOWED X DIVORCED [ <u>=</u> 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) has been signed by the attending physician as the burial-transit permit. Then please i prior to burial, cremation, or removal, and in during most of working life, even if retired) certificate ba INDUSTRY Powellville. Maryland at home Housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Edith Powell William Lewis 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT death Mrs. Mary Morris (daughter) Rt. 1, Parsonsburg, Maryland (Yes, no, or unkown) | (If yes give war or dates of service) 213-42-2296 18. CAUSE DF DEATH [Enter only one cause per line, for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: PHYSICIAN: The law requires that to the hospital or attending physician. IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which (b) gave rise to immediate DUE TO cause (a), stating the underlying cause last. (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) certificate had for use at. of Health p 20a. ACCIDENT WAS UNDERLYING F 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part 1 or Part II of Item 18.) this certifidetached for the Dept. of 1 OR CONTRIBUTING TI CAUSE OF DEATH N/A (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) factory, street, office bldg., etc.) Ноше...а.т. DIRECTOR: After age 3 should be dilled with the State While Not While retained by at work at work 21. I certify that (I) (this hospital) attended the deceased from and that death occurred at TPM, from the causes and on the date stated above. saw the deceased alive on SIGNATURE 223. pe page STAFF Page 4 may b M.D. PHYS. DIRECTOR PHYS. FUNERAL. 22c. PHYSICIAN'S 22d. ADDRESS director, p should be 1 NAME (Type) Willards. Maryland Frank Lewis 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) BURIAL, CREMATION, 23b. DATE THEREOF 2 REMOVAL (Specify) Salisbury, Maryland Parsons Cemetery 1966 Buria. 24. FUNERAL DIRECTOR ADDRESS 25a.

& COMPANY. SALISBURY, MARYLAND

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REGIO BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE DATE

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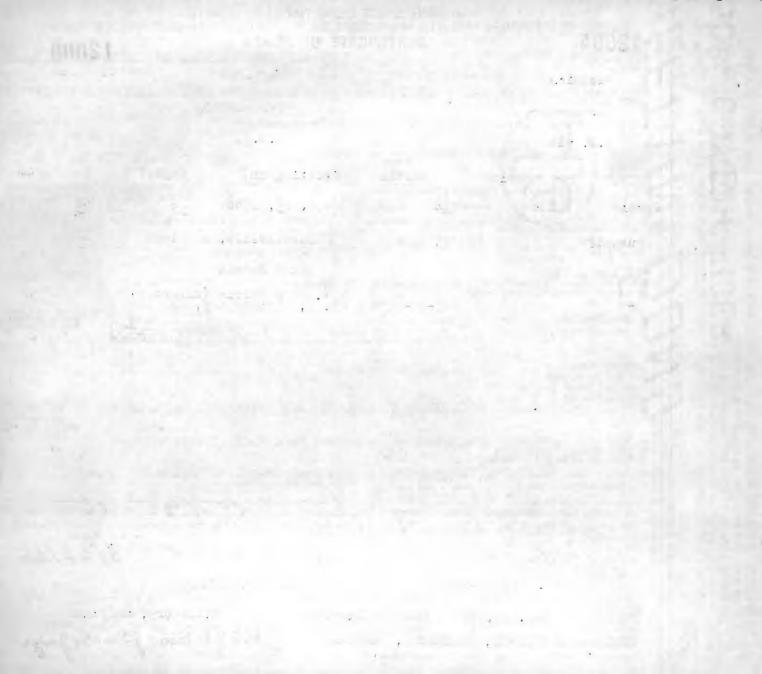
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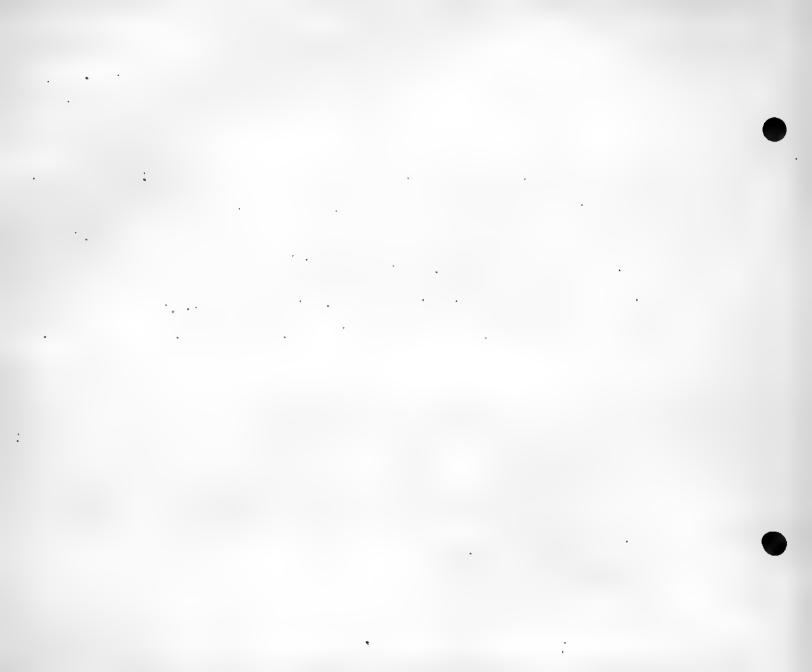
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	OR J	A Second			ATTENDING MED. STAFF
	TAL	AL DIR page e filed			22c PHYSICIANS NAME (Type)  M.D. PHYS. DIRECTOR PHY
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MARYLAND STATE DEPARTMENT OF HEALTH , ΟΙΛΊΣΙΟΝ OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH funeral and 2 death hours after death, 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) 1. PLACE OF DEATH a. COUNTY Pages 1 urs after b. COUNTY Wicomico Waryland Wicomico MARYLAND CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY DR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b sletely filled in by arbon papers. Page t, within 72 hours a Salisbury 225 Maryland Avenue d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE 24 ON A FARM? Salisbury, Maryland Peninsula General Hospital D.O.A. NOT YES executed within 3. NAME OF First Middle Last DATE Month Year Day DECEASED OF remove cart JOHN ALBERT BROWN (Type or print) DEATH August 1966 5. SEX 6. COLOR OR RACE DATE OF BIRTH 7. MARRIED 🛣 NEVER MARRIED 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Hours Male White May 18, 1884 WIDOWED DIVORCED [ 三 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT has been signed by the attending physician as the burial-transit permit. Then please prior to burial, cremation, or removal, and in death certificate be during most of working life, even if retired) INDUSTRY COUNTRY? Wicomico County, La yland Retired Farmer Farming 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Brown Virginia Parker 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) (If yes give war or dates of service) (Wife Lucy J. Brown Salistury, maryland 219-46-439 Ave., 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN law requires that the ONSET AND DEATH PART I. DEATH WAS CAUSED BY: the hospital or attending physician. thul nost IMMEDIATE CAUSE (a) 7260 **DUE TD** Conditions, If any, which (b) rise to Immediate DUE TD cause (a), stating the underlying cause last. (0) CERTIFICATION After this certificate had be detached for use a seate Dept. of Health p PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? YES NO [ PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING [ DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. White Not While retained by ATTENDING p.m at work at work DIRECTOR: All age 3 should liled with the Siled 21. I certify that (I) (this hospital) attended the deceased from 1966 saw the deceased alive or SIGNATURE 22b. DATE SIGNED 0 e TO FUNERAL DIRE director, page 3 should be filed v ATTENDING STAFF Page 4 may t Aug. 13. M.D. PHYS DIRECTOR PHYS PHYSICIAN'S 22d. ADDRESS NAME (Type) Dr. Wilbur R. Ellis Salisbury, Laryl mo 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) REMOVAL (Specify) Buria. August Parsons Cemetery Salishury. La yland FUNERAL DIRECTOR REGISTRAR'S SIGNATURE REC'O, BY AÜG liarles VR A15 (4) & COMPANY, SALIS URY, MARYLAND DATE 20M 1/65



1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND,
Levier in	12007 CERTIFICATE OF DEATH 12003
death.	1. PLACE OF DEATH  2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
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nin 24 hours a sit filled in by m papers. Page whin 72 hours	ON A FARM?
#	3. NAME OF First Middle Last 14. DATE Month Day Year
Target Agrange	(Type or print) MArtha Gaines Brown DF DEATH Rugust 21 1966
executed wi	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 19. ACE (In years   FUNDER 1 YEAR   FUNDER 24 HRS.   Last ply Moday)   Months   Days   Hours   Mig.
and con remove	Femule NEGLO WIDOWED DIVORCED 1-1894
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rtific Ing p	JAMES GAINES EASTED GA NIS
r cel	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no. or unknown) (If yes give war or dates of service)
death ne atter permit. tion, or	NO HOSOHIEL NEC, DALISTURY, Md
	18. CAUSE DF DEATH (Enter only one cause per line for (a), (b), and (c).]  PART 1. DEATH WAS CAUSED BY:  ONSET AND DEATH
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hysi sign urial	Conditions, if any, which (b) Pyelonephenties of May feedie
aw requirs that the ttending physician. has been signed by the strength or the burial-transit prior to burial, cremains	gave rise to immediate cause (a), stating the DUE TD
tendi as b as ti	underlying cause last. (c)
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ICIA lospi cerr fied of. of	B OR CONTRIBUTING (1) CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
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by the fiter	Hour a.m. While Not While at work 19 at work 19 at work
ATTENDING retained by CCTOR. After is should be vith the State	21. I certify that (I) (this hospital) attended the deceased from 8-14, 1966, to 8-21-, 1966, that (I) (we) last
ATT ATT Showith with	saw the deceased alive on 3 - 20 - 1966, and that death occurred at 4 M, from the causes and on the date stated above.
DIRE 3	Grand G. GERFOLDING MED. STAFF DIRECTOR
ital may RAL r, pa	22c. PHYSICIAN'S 22d. ADDRESS NAME (Type)
TO HOSPITAL OR ATTENDI Page 4 may be retained TO FUNERAL DIRECTOR: A director, page 3 should should be filed with the	
Pag Diggs	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county)
~	24. FUNERAL DIRECTOR  ADDRESS
VR A15 (4)	JAMES B. MAS. 4.5/ EASTON, Md DATE AUG 24 1966 golvanley Judge
20M 1/65	



1-1-	MARYLAND STATE DEPARTMENT OF HEALTH	
(AA)	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MAR	ONAL A
<b>4</b> 単2 年 / /	12008 CERTIFICATE OF DEATH	2003
24 hours after death. filled in by the funeral apers. Pages 1 and 2 apers. n 72 hours after adatf.	1. PLACE OF DEATH a. COUNTY b. STATE b. COUNTY	ence before admission)
a a car	Nicomico Maryland Wicomico	
by 1	b. CITY OR TOWN (if outside corporate limits, write RURAL and write RURAL and give nearest town)  c. LENGTH OF STAY IN 1b  c. CITY OR TOWN (If outside corporate limits, write RURAL and	give nearest town)
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0.=	Teninsula (seneral HOSPICAL III 305 Cedar Drive  3. NAME DF First Middle Last 14. DATE Month	YES NO
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rted w comple event,	5. SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED 18. DATE OF BIRTH 9. AGE (In years I FUNDER I YE	AR IFUNDER 24 HRS.
and c	Male White WIDOWED DIVORCED Quays 72, 1966 O yrs. O	
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deat e at oern ion,	No. Salisbur	y Marylar
ING PHYSICIAN: The law requires that the death certificate be executed within it by the hospital or attending physician.  If the hospital or attending physician and completely star this certificate has been signed by the attending physician and completely be detached for use as the burial-transit permit. Then please remove carbon is tate Dept. of Health prior to burial, cremation, or reminal, and in any event, with	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:	NTERVAL BETWEEN ONSET AND DEATH
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NG by the the State	Hour a.m.  p.m.  19   While at work   Not While at work   Not While at work	
	21. I certify that (I) (this hospital) attended the deceased from, 19, to, 19,	that (I) (we) last
ATTENDI retained ECTOR: A 3 should with the	saw the deceased alive on	date stated above.
OR A	ATTENDING MED. STAFF	) 191.C
TAL may IAL D	22c. PHYSICIAN'S 22d. ADDRESS	-1100
SPIN 4 r 4 r d b, d b,	NAME (Type) Dr. Gladys M. Allen 224 N. Division St. Salisb	ury Md.
TO HOSPITAL OR ATTENDED FOR THE Page 4 may be retain to FUNERAL DIRECTOR. director, page 3 should be filed with the	23a. BURIAL CREMATION. J 23b. DATE THEREOF   23c. NAME OF CEMETERY OR CREMATORY   23d. LOCATION City, town or county	(State)
51 50 %	Burial Aug. 4, 1966 Wicomico Memorial Park Salisbury, Mary	land
0	24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SI	IGNATURE
VR A15 (4) 20M 1/65	HOLLOWAY & COMPANY SALISBURY, MARYLAND DATE AUG 4 1966 goldene	en Judge



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 FOR STATE 12009 HEALTH DEPT. 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) n COUNTY d STATE Maryland Wicamico b. COUNTY 2, and 3 to PM3 Page a after death. MARYLAND tate Department a hours after death b CITY OR TOWN (If autside carparate limits, CLENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) Write RURAL and physine near fown Delmar d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS ø IS RESIDENCE ON A FARM? rd "pending" in pencil in Item 18. Give Pages 1, Chief Medical Examiner's Office along with farm 107 Pine St. 80 Peninsula General Hospital in Item 18. Give Pages YES | NO T 24 hours after death. 3 NAME OF M.ddle First 4 DATE 15 .ast DECEASED OF Lillie Calhoun 19 (Type or pnnt DEATH S SEX 9. AGE fin years F UNDER 1 YEAR IF UNDER 24 HRS. 6 COLOR OR RACE 7 MARRIED B DATE OF BIRTH NEVER MARRIED 70 rthday) Months 9-25-1886 Doys Hours W WIDOWED DIVORCED event and 10a. USUA, OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 B RTHPLACE (State or foreign country) 12 CITIZEN OF WHAT during mast of warking life, even if retired)

At Home INDUSTRY Home **COUNTRY?** QUA Delmar, Md. USA 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME This certificate shauld be executed within Samuel J. Adams Amelia Elliott pup 0 IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT Address (Yes no, ar unknown) (If yes give wor or dates of service) or remayal Mary McClaine, Delmar, Md. CAUSE OF DEATH (Enter any ane cause per line for (a) (b), and (c))
PART I. DEATH WAS CAUSED BY.

Peritonitis INTERVAL BETWEEN ONT DAMP BATH Peritonitis IMMEDIATE CAUSE (a) writing the ward burial, crematian, DUE TO Ruptured diverticulum of colon hours Candit ons, if any, which gave rise to immediate cause (a). DUE TO stoting the underlying couse 05 PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19 WAS AUTOPS Y PERKORMED? please execute the certificate, its designated agent, prior ta 20a EXTERNAL CAUSE WAS 20b. DESCR BE HOW INJURY OCCURRED (Enter nature of injury in Part I or Port II of Item 18) PRIMARY | or CONTRIBUTING shauld CAUSE OF DEATH 20c TIME OF JULIEY Month, Dov. Year 20d INJRY OCCURRED 20e PLACE OF INJURY (Hame, farm (City or fown) (County) Haur om. Not While factory, street, office bldg., etc.) DIRECTOR: Page at wark at wark Inspertion 1 Incurry PA 21. I certify that taok charge of the remoins described above, held an Autopsy [4] and in my opinion for death resulted from Natural Aguses X Accident Suicide . Hamicide | Undetermined manner the funeral director CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE FUNERAL L. Royer b M.D. DEPUTY MEDICAL EXAMINER 8-17-66 EXAMMER'S Health ( Address (Street, city, town, ar county) NAME (Type) 109 Camden Salisbury Md 23c NAME OF CEMETERY OR CREMATORY 230 BUR AL, CREMATION 23b DATE THEREOF 23d LOCAT ON (City or Tawn) (County) (State) 90 BUNA (BTFY) 8-18-66 St Stephens Delmar Del RAR 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR Charles PAUS D BY REG STRAR 1966 ycharles Judge W.Marvel, Delmar, Del. VR A15ME (5) DATE



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 1200612010 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death death. filled in by the funeral papers | papers | and | 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY o. STATE **b.** COUNTY Wicomico MARYLAND Queen Anne's b CITY OR TOWN (if outside carparate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 write RURAL and give nearest town) Salisbury Grasonville 7 Davs e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS Deer's Head State Hospital NO D Salisbury Md campletely fr NAME OF 4. DATE Lost Month Day Yеог DECEASED OF 19 66 (Type or print) Welford DEATH S SEX 6. (OLOR OR RACE 7. MARRIED AGE (In years IF UNDER 24 HRS remove n bny eve NEVER MARRIED hirthday) Manths WIDOWED DIVORCED Male Negro 10a USUAL OCCUPATION (Give yind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT and in physician a ren please during most of working life, eve 1 13. FATHER 5 NAME 14. MOTHER S MAIDEN or removal. signed by the attending burial-transit permit. The 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. INFORMANT ARTER Mine Ster (Yes, no, or unknown) (If yes give war ar dates of service) cremation, 18. CAUSE OF DEATH (Enter only one couse perhaps for (a), (b), and (c)
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1	MARYLAND STATE DE DIVISION OF STATISTICAL RESEARCH AND RECORDS	PARTMENT OF HEALTH S, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAN	n
n. 2 all	12611 CERTIFICAT		
death, iuneral and 2 and 2	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence befor	re admission
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	b. CITY DR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give ne	arest town)
24 hours a filled in by apers. Pag apers. Pag	SALISHUPU	Laurel	- 7
24 hc filled papers, in 72 h	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS 6. IS	RESIDENCE
- 0-	Yeninsula GeneRAL Hospital	R2 Whitesville Road YES	ND X
executed within 24 hrange and completely filled remove darbon papers of any event, within 72	3. NAME OF First Middle DECEASED	Last 4. DATE Month Day	Year
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outed con	5. SEX 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED	8. DATE DF BIRTH 9. AGE (in years   FUNDER 1 YEAR   FUNDER 1 Y	IDER 24 HRS urs   Min.
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nysid	Farmer own farm	Tennessee USA	
certificate nding physi . Then ple removal, a		14. MOTHER'S MAIDEN NAME	
rem rem	John C. Casson  15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL SECURITY ND.   17.	Isabel Jenes INFORMANT Address	
or it is	(Yes, no, or unknown) (If yes give war or dates of service)		
<del>ව</del> ම දැලි	no   195 <b>x</b> 05 8791	Mrs. Laura B. Casson r2 Laurel	., De
E . 20 E	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:	INTERVAL ONSET AF	ND DEATH
The law requires that the or attending physician. ate law beem signed by the use as the burial-transit calth prior to burial, creme	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	2 brouffermen	-
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requires ding phy bee≡ sig the buri	gave rise to immediate	and well the state of	
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PHYSICIAN: the hospita this certifi detached fo e Dept. of H	S   DR CONTRIBUTING □ CAUSE OF DEATH   (IF EITHER, NOTIFY MEDICAL EXAMINER)		
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====	21. I certify that (I) (this hospital) attended the deceased from	8/15 1966 to 8/16 1960 that (	l) (we) las
OR ATTENDI by be retained DIRECTOR: A age 3 should	V/1//	t death occurred at 15 A.M., from the causes and on the date sta	
With with	22a. SICNATURE	22b. DATE SIGNED	-
y be DIR age	Secharel & Herghes M.C	D. ATTENDING MED. STAFF DIRECTOR DIRECTOR PHYS. DI 87 19/6	6
PITAL 4 may ERAL I or, pa	22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS	
HOSPITAL age 4 may FUNERAL rector, pa			
Page 4 may lo Function of file of file	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER	(1.3)	(State)
	Burlal 8/19/66 St. Stephen	AS Cem Delmar, Delaware   25a. REC'D BY REGISTRAR   25b. RECISTRAR'S SIGNATUR	-
	24. FUNERAL DIRECTOR ADDRESS	a sha wal	e a
VR A15 (4) 20M 1/65	fill before Laurel I	DATE AUG 23 1966 yourse	0
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 12012 HEALTH DEPT. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) a. COUNTY o. STATE b. COUNTY Wicomico 70 Maryland MARYI AND Wicomico b CITY OR TOWN (If outside corporate limits, c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b. write RURAL and a ve rearest town)
Pittsville Pittsville d NAME OF HOSPITAL OR INSTITUT ON (I not in hospital give street address) d STREET ADDRESS e IS RES DENCE ON A FARM? haurs Richardson Camp Richardson Camp YES -NO F havrs after death NAME OF Middle 4 DATE Lost Month DECEASED BETTY CHASE within 8-25-66 FUNDER I YEAR (Type or print) DEATH 19 NEVER MARRIED 8 DATE OF BIRTH S SEX 9 AGE (In years IF UNDER 24 HRS 6 COLOR OR RACE 7 MARRIED 음 ₹ lost birthday) 39 yrs Months Hours AA WIDOWED DIVORCED event and 10o USUA, OCCUPAT ON (Give kind of work done 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY rd "pending in pencil in Chief Medical Examiner's Tomato peeler pages in any 13 FATHER'S NAME be executed within and IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT (Yes, no, or unknown) (If yes give wor or dotes of service) remayal. 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c) ) INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Septicemia Ь IMMEDIATE CAUSE (a) This certificate shaud crematian, DUE TO Conditions, if ony, which gove Cellulitis, left breast ll days rise to immediate cause (a). DUE TO stating the underlying cause lost. 19 WAS AUTOPSY PERFORMED? PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) YES TO NO T 20o EXTERNAL CALLSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 1) of item 18 to oment, prigr PRIMARY OF CONTRIBUTING Scratched left breast on door at home. CAUSE OF DEATH 2Dc TIME OF INJURY Month, Day, Year 20d MJJRY OCCURRED (2De PLACE OF INJURY (Home form, (City or town) (County) (Stote) foctory, street, office bldg., etc.) While Not While may be retained for your FUNERAL DIRECTOR: Page 8-111-6619 Pittsville. Wicomico. Md. ot work of wark dasignated 21. I certify that I taak charge of the remains described above, held an Autapsy XI. Inspection X Inquiry X and in my apinian death resulted fram Natural causes . Accident X Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE Royer, M.D. DEPUTY MEDICAL EXAMINER August 26, 1966 5 may 17 FUNE) 409 Camden Ave. Salisbury, Md. Address (Street, city, town, or county) 23d LOCATION (County) (Stote) 25b REGISTRAR S SIGNATURE 2So REC D BY REGISTRAR VR ATSME Ochanles 1966 ton Jolley, Salisbury, Md.



1 (M	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARY	LAND
- 50 - T	12013 CERTIFICATE OF DEATH 120	93
24 hours after death.  filled in by the funeral apers. Pages 1 and 2 n 72 hours after death	1. PLACE OF DEATH,  COUNTY  MARYLAND  D. CITY DR TOWN (if outside corporate limits, write RURAL and give gearest town)  2. USUAL RESIDENCE (Where deceased fived, if institution: Residence a. STATE b. COUNTY  MARYLAND  C. CITY DR TOWN (if outside corporate limits, write RURAL and give gearest town)	/
in by s. Pag	SALISBURY	10.050105005
T 0.0	NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS  EN'INSULA GENERAL HOSPITAL CAK LANE	e. IS RESIDENCE ON A FARM? YES NO X
within 24 pletely fill and within and within	3. NAME OF DECEASED (Type or print)  T. Middle CLEVELAND 4. DATE Month Day OF DEATH AUGUST 18	y Year 19 6 6
and comple	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. ACE (In years IFUNDER IYEAL last birthday) Months Days	
e be exect sician and lease remo	162. USUAL DCCUPATION (Cive kind of work done of unity) 10b. KIND OF BUSINESS OR USUAL DCCUPATION (Cive kind of work done of unity) 12. CITIZEN COUNTRY  111. BIRT HPLACE (County & State, or foreign country) 12. CITIZEN COUNTRY	
certificate be ding physician Then please removal, and in	13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME  15. CLEVE   PANNEL  16. CLEVE   PANNEL  17. CLEVE   PANNEL  18. CLEVE   PANNE	
death certiffe e attending p permit. Then ion, or remov	15. WAS DECEASED EVER INU.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address BER // (Yes, no. or unknown) (If yes give war or dates of service) 259-16-2885 TOETTAER CLEVELAND	INIMD
y th	PART I. DEATH WAS CAUSED BY: Hemprhage from chronic gostice 1	ERVAL BETWEEN
as as pric	Conditions, if any, which gave rise to immediate cause (a), starting the underlying cause last.  (b)  DUE TO  UNDER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITIONS CONTRIBUTION TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITIONS CONTRIBUTION TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITIONS CONTRIBUTION TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITIONS CONTRIBUTIONS CONTRIBUTION TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITIONS CONTRIBUTIONS CO	WAS ALLYDOW
ICIAN: The la ospital or at certificate hed for use hed for use t. of Health		WAS AUTOPSY PERFORMED?
JING PHYSICIAN: d by the hospita After this certifi d be detached fo	(IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, farm, a.m., bulle at work   19   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, farm, action, street, office bidg., etc.)	(State)
ATTENDIN etained t STOR: Aff should b ith the St	21. I certify that (I) (this hospital) attended the deceased from Acros 1965, 1965, to Hoge 1878, 1965, to saw the deceased alive on 1966, and that death occurred at 4 5M, from the causes and on the day	
TO HOSPITAL OR ATTENDING Page 4 may be retained by TO FUNERAL DIRECTOR. After director, page 3 should be should be filed with the State	22a. SIGNATURE  ATTENDING MED. STAFF 22b. DATE S  22c. PHYSICIAN'S PHYS. DIRECTOR PHYS. 20 /2  NAME (TYPH)  PHYS. 22d. ADDRESS	Fuy los
TO HOSPITAL Page 4 may TO FUNERAL director, pa	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county)  REMOVAL (Specify)  8-21-16  ANTIOCH  CENTERAL  7-RANKFORD	(State)
VR A15 (4)	24. EUNERAL DIRECTOR  ADDRESS  ALIC 26 1966  ALIC 26 1966  ALIC 26 1966  ALIC 26 1966	NATURE
20M 1/65	With the state of property part ACO 20 1900 ferrance	J. J.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH hours after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. CDUNTY b. COUNTY Wicomico MARYLAND Marvland Somerset CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY DR TOWN (If outside corporate limits, write RURAL and give nearest town) re carbon papers. Pą event, within 72 hours Princess Anne Salisbury Ξ. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 24 Peninsula General Hospital No 3 YES within letely 3. NAME OF F(rst Middle 4. DATE Last / Month Day DECEASED (Type or print) DEATH 19 645 requires that the death certificate be executed 5. SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR last birthday) | Months | Days 8. 7. MARRIED NEVER MARRIED Months Days Hours DIVORCED ( WIDOWED -T6/ I900 1Db. KIND OF BUSINESS OR INDUSTRY 1Da. USUAL OCCUPATION (Give kind of work done) 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) S Retired Ret1red Marvland U A. 13. FATHER'S NAME MOTHER'S MAIDEN NAME Irvin Collins Gertrude 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or tankown) ((If yes give war or dates of service) Frank Collins.Middletown.Dalaware cremation, 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), INTERVAL BETWEEN DNSET AND DEATH signed by PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) attending physician. SSIVE HARMORRHAGE Jins s been s the buriar c DUE TO Conditions, If any, which (h) gave rise to immediate as the prior to DUE TO cause (a), stating the underlying cause last. (c) PHYSICIAN: The law CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTDPSY for use Health PERFORMED? certificate YES I NO T DTALLORY-WAYS SYNDROND this cerum detached for 2Da. ACCIDENT WAS UNDERLYING DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part 1 or Part II of Item 18.) DR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 2Dc. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 2Df. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While at work at work retained ould the S 21. I certify that (I) (this hospital) attended the deceased from 30 By 1966, to 31 By 1966, that (I) (we) last DIRECTOR: 31 Dan \_19 🌭 \_\_, and that death occurred at 🏻 🕰 M, from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURI 22b. DATE SIGNED page M.D. DIRECTOR PHYS. FUNERAL PHYSICIAN'S director, p 22d. ADDRESS NAME (Type) BURIAL, CREMATION, REMDVAL (Specify) 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) 9 Hope AMeZ Burial Princess Anne Md
REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE ADDRESS 24. FUNERAL DIRECTOR 25a. 1966 William H. James Jr. Princess Anne. Md DATE VR #15 (4) 2DM 1/65



13-	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
- = 0 + k	12015 CERTIFICATE OF DEATH 12011
after death.  7 the funeral ges 1 and 2 safter death.	1. PLACE DF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY a. STATE b. COUNTY
s after by the pages rs after	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  C. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
24 hours filled in by agers. Pagers. Pa	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?
lin 2.	Reninsula General Hospital 41/ ENNA, HUE YES NOTH
d with mplete carboi ent, wi	Our or print) Houston Quino Coulter DEATH Hucust 3 1966
cate be executed within 24 hours after physician and completely filled in by the n please remove carbon papers. Pages 1 yal, and in any event, within 72 hours after the carbon papers.	male 11) bite WIDOWED DIVORCED JUNE 12. 1912 St Wish Months Days Hours Min.
e be e sician lease I	10a. USUAL DCCUPATION (Give kind of work done INDUSTRY)  11. BIRT HPLACE (County & State, or foreign country)  12. CITIZEN OF WHAT COUNTRY?  COUNTRY?  COUNTRY?
certificat ding phy Then p removal,	13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME  LEFFERY COLLTEX  COLA QUINN
The law requires that the death certificate be executed within or attending physician. Cate has been signed by the attending physician and completely r use as the burial-transit permit. Then please remove carbon pealth prior to burial, cremation or removal, and in any event, with	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service)  16. SOCIAL SECURITY NO. 17. INFORMANT  Address 417 PENNA AUE  16. SOCIAL SECURITY NO. 17. INFORMANT  MLS. MARY M. COULTER 417 PENNA AUE  ADDRESS AND AUE  ON A COULTER 417 PENNA
t the d	18 CAUSE DE DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bleeding estables cal varieties
Jires that the physician, a signed by burial-transit	conditions, If any, which   Decompensative hepatic curhosic
aw requir tending p as been as the b prior to b	gave rise to immediate cause (a), stating the DUE TO underlying cause last. (c)
CIAN: The law requires that to spital or attending physician certificate has been signed bed for use as the burial-tramet. of Health prior to burial, cre	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)  19. WAS AUTOPSY PERFORMED?  YES NO 97
CLAN: ospital certifi hed fo t, of H	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  19. WAS AUTOPSY PERFORMED?  YES NO PORT CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
HYS the b this fetac	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (City or town) (County) (State)
ENGING F ained by t DR: After could be of the State	21. I certify that (I) (this hospital) attended the deceased from 7-12, 1966, to 8-3-, 1966, that (I) (we) last saw the deceased alive on 3 1966 and that death occurred at 36M, from the causes and on the date stated above.
L OR ATTENOING IN by be retained by the retained by the last of th	22a. SIGNATURE    Article   Article
<b>-</b> 2 - 2 = 2	22c. PHYSICIAN'S NAME (Type) Salisburg Me Medical Center Salisburg Me
TO HOSPITA Page 4 ma TO FUNITAL director, p	23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)  BURIAL (Specify) 8-5-1966 PARSONS CEM. SALISBURY Md.
Of Mark and	24. FUNERAL DIRECTOR ADDRESS 252. REC'D BY REGISTRAR 255. REGISTRAR'S SIGNATURE
VR A15 (4) 20M 1/65	Thomas F. WALLACE SALISTORY May



1	MARYLAND STATE DEPARTMENT OF HEALTH  DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
E 501	12016 _ CERTIFICATE OF DEATH 12012
after death, y the funeral ges and 2	1. PLACE OF DEATH a. COUNTY  2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission as STATE b. COUNTY
by the Pages	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  MARYLAND  c. LENGTH OF STAY IN 1b  c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
within 24 hours a pletely filled in by abon papers. Pagert within 72 hours.	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  d. STREET ADDRESS  e. IS RESIDENCE ON A/FARM?
thin 2 tely fill mithin	3. NAME OF First Middle Last 4. DATE Month Day Year
omple carb	DECEASED (Type or print) Berth A H DACIS DEATH A UGUST 16 1966  5. SEX 6. COLOR OR RACE   7. MARDIED   NEVER MARDIED   18. DATE OF BIRTH 19. AGE (In years) I FUNDER 14 FAR I
executed within n and completely remove carbon in any event with	Female white widowed Divorced Nov. 16 1859 Hours Min
ate be ex hysician a please re pland in a	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10b. KIND OF BUSINESS OR II. BIRTMPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
ficate physien ple oval, a	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
ending ending it. Th	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITYNO. 17. INFORMANT Address  (Yes, no. or unknown) ((fyes give war or dates of service)
death le att perm ion, q	NO - 216 40 3555 Mrs Madas Westfall Snow Hill Md.
is The law requires that the death certificate be all or attending physician. Since has been signed by the attending physician for use as the burial-transit permit. Then please Health prior to burial, cremation, or removal, and i	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART 1. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a) Wetastate CA recture  ONSET AND DEATH
em tha hysici signed urial-tu	Conditions If any which I
requir ding p been the bir	gave rise to immediate ( cause (a), stating the DUE TO
atten atten e has se as th pric	underlying cause last. ) (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS' PERFORMED?
<u></u>	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)   19. WAS AUTOPS' PERFORMED?   YES   NO     20a. ACCIDENT WAS UNDERLYING   CAUSE OF DEATH   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.)   OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
a ≥ e ≤ ≤	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)  While at work at work at work
ATTENDIT retained CTOR: At should vith the S	21. I certify that (I) (this hospital) attended the deceased from 6/27, 1965, to 8/16, 1966, that (I) (we) la
OR ATTENDIN OR ATTENDIN P be retained b DIRECTOR: Aft gge 3 should b led with the St	saw the deceased alive on
PITAL 4 mar ERAL or, E.	22c. PHYSICIAN'S NAME (Type) W. P. SA-DALTE MD. APPOICAL CANTER SALVEBURY MD.
TO HOS Page TO FUN direct should	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR-CREMATORY— 23d. LOCATION (City, town or county) (State)
Ro	24. FUNERAL DIRECTOR  ADDRESS  ADDRESS
VR AI5 (4) 20M 1/65	Forman F. Winning Sowen Hill Mcl. DATE AUG 22 1966 golvanla Judge



4 1		MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
4.75	1_	12017 CERTIFICATE OF DEATH
24 hours after death. filled in by the funeral apers. Pages 1 mu 2 n 72 hours after death,	1.	PLACE OF DEATH a, COUNTY a. STATE b. COUNTY b. COUNTY
ter the last	-	WICOMICO MARYLANO Maryland Wicomico
s af		b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  (write RURAL and give nearest town)
S. I hour	-	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital/give street address) d. STREET ADDRESS (6. IS RESIDENCE
within 24 hours after detectly filled in by the furnion papers. Pages 1		ON A FARM?
hin Park Vithi	3.	NAME OF First Middle last 14. DATE Month a Day Year
executed within and completely remove carlon in any event, within	1	OFTERSED (Type or print) Margaret M. DAVIS DEATH AUGUST 21 1966
	5.	SEX / [ 6. COLOR OR RACK   7. MARRIED   NEVER MARRIED     8. OATE OF BIRTH   9. AGE (In years) IF UNDER 1 YEAR   IF UNDER 12 HRS.
Section 2	1/	EMALE (NITE WIDOWED DIVORCED 1-01, 36 1904 62 VIS.
e	10 du	a. USUAL OCCUPATION (Cive kind of workdone 10b. KIND OF BUSINESS OR II. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
re b sici		Beline Coerater Sewing room Tittsville Hardond W.SA.
fical ph)	13	FATHER'S NAME
ding ding		Arlie W Campbell Ella M. Nichols
th the contract of the contrac	ďΫ́	S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 640 South Ave.
dea ne a peri		NO 218 016304 Wm. A. Davis Secone Pa.
the or.		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  ONSET AND DEATH
that sicia ned af-tri		4011 DUE TO
res phys sig suria		Conditions, If any, which any which and a miles
equi ing seen to	1	gave rise to immediate cause (a), stating the DUE TO
w r tend as t as t	=	underlying cause last. (c)
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with the death certificate be executed with the State being by the attending physician and compart director, page 3 should be detached for use as the burial-transit permit. Then please remover should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any eventy.	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)   19. WAS AUTOPSY PERFORMED?   YES   NO
The state of the s	E	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.)
cer cer ched	19	20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 1 of Item 18.) OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
PHYSICIAN: the hospita this certifi detached fo	MEDICAL	20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, farm,   20f. (City or town) (County)
tter be d tate	MED	Hour a.m. While Not While p.m. 19 at work at work
NDIII ned ned he S	П	21. I certify that (1) (this hospital) attended the deceased from 8-21, 1966 that (1) (we) last
Story		saw the deceased alive on 19 4, and that death occurred at 114 M, from the causes and on the date stated above.
De Control	П	ATTENDING TO MED. TO STAFF TO
AL (AL DAY PAGE PAGE)	1	22c, PHYSICIAN'S A 1
TO HOSPITAL OR ATTENDING Page 4 may be retained by O FUNERAL DIRECTOR: After director, page 3 should be should be filed with the Stal		NAME (Type) [VIII Am B. Smith
Page of FC	23	a. BURIAL CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
E 5		Burial 8-24-66 1) sle ComeTern Whaleyusle Haryland
CON	2	AUG 2.4 1986 07/2-10.0
VR A15 (4) 20M 1/65	1	Comon T. Komis, Snow H. 11 Md. DATE AUG 24 1986 Judge



4	1 M	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLA  12017 CERTIFICATE OF DEATH 1201	A /
	r deat fuller 1 and 2r deat	1. PLACE OF DEATH a. COUNTY  2. USUAL RESIDENCE (Where deceased lived, If institution: Residence b a. STATE b. COUNTY	
	24 hours after death file in my the fumer apers. Pages 1 and an 72 hours after death	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  c. LENCTH OF STAY IN 1b  c. CITY OR TOWN (if outside corporate limits, write RURAL and give	
	24 hour	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  Peninsula General Hospital  YE  YE  YE  YE  YE  YE  YE  YE  YE  Y	IS RESIDENCE ON A FARM?
		3. NAME DF First Middle Last 4. DATE Month Day DF DF	Year
	executed within and commetely remove carbon any event, with	(Type or print)  KOBFRT  DAVIS  DEATH AUGUST 30  5. SEX  6. COLOR DR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH  9. ACE (In years   if Under 1 year   if	1966 FUNDER 24 HRS. Hours   Min.
		WIDOWED DIVORCED 10a. USUAL OCCUPATION (Cive kind of work done of unity) 10b. KIND OF BUSINESS OR during most of working life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF COUNTRY.	
	icate be e physiciam n please r val, and in	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	1A,
	death certificate be ne artending physician permit. Then please ion, or removal, and i	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY ND. 17. INFORMANT Address (Yes, 'no, or unkown) (If yes give war or dates of service)	) , ,
	y th	18. CAUSE DF DEATH EEnter only one cause per line for (a), (b), and (c).1  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	VAL BETWEEN T AND DEATH
	The law requires that the deat or attending physician. The sate has been signed by the at use as the burial-transit perfections.	Cenditions, If any, which gave rise to immediate cause (a), stating the underlying cause last.  DUE TO  DUE TO  Conditions, If any, which (b)  DUE TO  Conditions, If any, which (b)  Cond	
	a -		VAS AUTOPSY PERFORMED?
	PHYSICIAN: The the hospital or a this certificate detached for use Dept. of Health		
		20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, Hour a.m. While at work at	(State)
	END ined suld the	21. I certify that (I) (this hospital) attended the deceased from July 13, 1966, to Aug 30, 1966, that saw the deceased alive on Hug 30, 1966, and that death occurred at 31. M, from the causes and on the date 22a. SIGNATURE	stated above.
	AL OR ay be DIRE 3 age 3 filed y	22c. PHYSICIAN'S NAME (Type)  ATTENDING MED. STAFF DIRECTOR PHYS. DIRECTOR	50,1966 Md.
	TO HOSPITAL Page 4 may TO FUNERAL I director, pai	23a. BURIAL, CRÉMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 25l. LOCATION (City, town or county)	1-(state) =
	VR A15 (4) 20M 1/65	24. EUNGRAL DIRECTOR  ADDRESS DATE  SEP 2 1966 gcliante  Del Date SEP 2 1966 gcliante	
		Maria Maria Company Contraction of Charles	The stands



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12015 12019 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o COUNTY D. STATE **b.** COUNTY Wicomico 2, and 3 to PM3. Page Maryland Wicomico ō after deoth. MARYLAND Department c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b CTY OR TOWN (If putside corporate imits, c. LIENGTH IDE STAY IN 16 write RuRAL and awe perpet town) Quantico d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e IS RESIDENCE ON A FARM? d STREET ADDRESS hmurs , Route 1 Route # 1 Item 18. Give Pages YES . NO S ote 24 hours ofter death Office olong with 3. NAME OF 4 DATE Middle First Lost Month Dov Year DECEASED OF Deshields 8-1-66 Carrie within (Type or print) 19 DEATH IF UNDER 1 YEAR IF UNDER 24 HRS 9 AGE (In years S. SEX 6. COLOR OR RACE DATE OF BIRTH 7 MARRIED NEVER MARRIED last authdoy) Months Hours Doys F G WIDOWED DIVORCED event 100 USUAL OCCUPATION (G ve kind-el work done during troct of working fe, even if ref red) KIND OF BUSINESS OR 10b BIRTHPLACE (State at) fore gn country) 12 CITIZEN OF WHAT INDUSTRY ony medic pencil ; 13 FATHER'S NAME be executed within 14 MOTHER'S MA DEN NAME ⊆ "pending" in penci lef Medical Exorem puo 15 WAS DECEASED EVER IN U.S. ARMED FORCES? \_INFORMAN] 16 SOCIAL SECURITY NO (Yes, no er unknown). It was a ve war or dates of service removol, INTERVAL BETWEEN 1B CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) ) buriol-tronsit Sudden PART 1 DEATH WAS CAUSED BY 0 IMMEDIATE CAUSE (6) Coronary occlusion writing the word This certificate should cremation, 4201 DUE TO Conditions, if any, which gave (b) rise to immediate couse (a), DUE TO stoting the underlying couse S burial, o WAS AUTOPSY PERFORMED? PART J. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1(a) F CATION YES NO X please execute the certificate, 0 Pe 200 EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18.) designated ogent, prior PRIMARY I or CONTRIBUTING I should **CAUSE OF DEATH** R 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form (City or fown) (County) (State) 20c TIME OF IN JRY Month, Doy, Year Not While factory, street, office bldg, etc.) FUNERAL DIRECTOR: Page of work of work 21. I certify that I took charge of the remains described above, held on Autopsy Inquiry 🔼 Inspection 4 ond in my opinion jo Natural causes A death resulted from Accident . funeral director. Suicide Homicide Undetermined monner be retained CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED or its ( ASSISTANT MEDICAL EXAMINER SIGNATURE Earl L. Royer, M.D. DEPUTY MEDICAL EXAMINER T 8-4-66 EXAMINER'S 5 may Health Salt-sbury Md Address (Street, city, town, or county) NAME (Type) 109 Camden Ave. BURIAL CREMATION (County)// (Stote) 0 en 25b REGISTRAR S SIGNATURE 2So REC'D BY REGISTRAR VR A15ME (5)

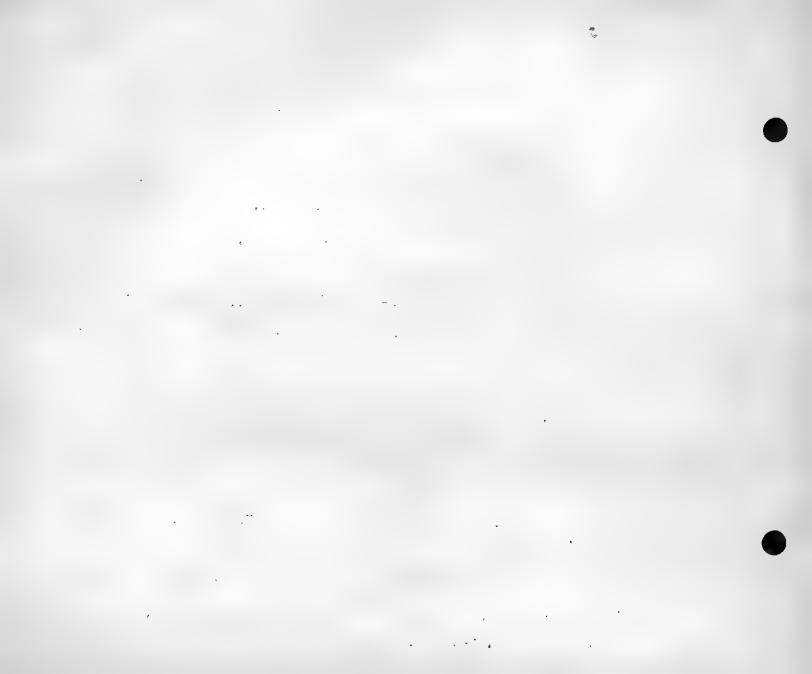


Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Items #7.8 360 OF 12000 law requires that the death certificate be executed within 24 hours after death. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY Wicomico Somerset MARYLAND Maryland b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 218 days Salisbury Princess Anne d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d STREET ADDRESS B IS RESIDENCE ON A FARM? RFD #3 Deer's Head State Hospital. Salisbury . Md. YES NO. 3 NAME OF Middle First 4 DATE Month Dov Year DECEASED (Type or print) Thomas Henry Fitzgerald DEATH 19 66 S. SEX 6. COLOR OR RACE 8 DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR 7 MARRIED TY NEVER MARRIED last birthdoy) Months Dovs Hours WIDOWED DIVORCED June 15,1887 Male White 10o. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State or foreign country) 12 CIT ZEN OF WHAT COUNTRY? INDUSTRY MONIE, MARYLAND US 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME cremotion, or removal, signed by the ottending phy burial-tronsit permit. Then THOMAS HENRY FITZGERALD GEORGIA WALLER 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give wor or dates of service 17. INFORMANT 16. SOCIAL SECURITY NO Address MRS. ANNA LOIS LEWICK DAMASCUS, MD. INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) PART I. DEATH WAS CAUSED BY: ONSET AND DEATH EUMON IMMEDIATE CAUSE (a) DUF TO Conditions, if any, which gave rise to immediate cause (a). DUF TO stating the underlying couse the has been lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) WAS AUTOPSY PERFORMED? YES X NO certificate 0 (0-1 200 ACCIDENT WAS INDERLYING [ 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port 1 or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or town) 20c. TIME OF INJURY Month, Day, Year (County) (Stote) Hour o.m factory, street, office bldg., etc.) Not While O FUNERAL DIRECTOR: After 19 65 , to 19 66, that (1) (we) last 21. I certify that (1) (this hospital) attended the deceased from be retoined director, page 3 shauld should be filed with the 19 66, and that death occurred of: 05P.M. from couses and an the date stated above saw the deceased olive on. 220. SIGNATURE 22b. DATE SIGNED 8/18/66 STAFF PHYS. M.D. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) C. H. Winnacott. M. D. Deer's Head State Hospital.Salisbury.Md 23b DATE THEREOF 230 BURIAL CREMATION. 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) BURTAL (Specify) 1966 PRINCESS AMNE. ST. ANDREW CEMETERY 2Sb. REG STRAR'S SIGNATURE 24 FUNERAL DIRECTOR **ADDRESS** 2So. REC'D BY REGISTRAR VR A15 (4) PRINCESS 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH



M	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND	
	12021 CERTIFICATE OF DEATH 12017	
1	1. PLACE OF DEATH a. COUNTY  2. USUAL RESIDENCE (Where deceased lived, 1f Institution: Residence before add	mission)
l	wicomico Maryland a. STATE b. COUNTY icomico	
Ī	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  c. LENGTH OF STAY IN 1b  c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	t town)
	Salisbury Salisbury	
ĺ	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS  6. IS RESION A F.	IDENCE ARM?
		NO 🖾
	3. NAME DF FIRST MIDDLE Last 4. DATE Month Day Year DECEASED C/ FIRST MIDDLE LAST 4. DATE MONTH DAY YEAR	r
	(Type or print) Glaine Gizabeth Foust DEATH Hugust 7 19	66
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 1 Hours last birthday) Months Days Hours	24 HRS.
	Female   White   WIDOWED   January 10,1000   70 yrs.   6   29	
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)   1Db. KIND OF BUSINESS OR   11. BIRTHPLACE (County & State, or fereign country)   12. CITIZEN OF WHAT COUNTRY?	
-	House work Deal Island, Maryland	
	13. FATHER'S MAME 14. MOTHER'S MAIDEN NAME	
_	Eldridge Windsor Mary Webster  15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT Address	
ı	(Yes, no, or unknown) (Ifyes give war or dates of service) Edward Eugene Foust (Husband)	
=		DWEEN
l	18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c)	EATH
ſ	IMMEDIATE CAUSE OF THE COLUMN TO THE COLUMN	
	Conditions, If any, which \	
	gave rise to immediate (	
	cause (a), stating the DUE TO underlying cause last.	
100	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	TOPSY
		NO X
	2Da. ACCIDENT WAS UNDERLYING DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)  OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)	
		State)
1	Hour a.m.  While Not While at work at work	
ľ	21. Jeertify that (I) (this hospital) attended the deceased from 19 to 8/9, 1896, that (I) (w	e) last
	saw, the deceased alive on	above.
	223 SIGNAWRE 22b. DATE SIGNED ATTENDING MED. STAFF	
	M.D. PHYS.   DIRECTOR   PHYS	
ŀ	NAME (Type) EAR! BEARDS/EY MARYLAND AVE, SALISLURY	My.
	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF COMETERY OR CREMATORY 23d. LOCATION (City, town or county) (8to	ate)
1	Burial August 11,1966 Parsons Cemetery   Ballsbury, Maryland	
1	24. FUNERAL DIRECTOR  ADDRESS  25a. REC'D BY REGISTRAR'S SIGNATURE  ALLO I TOWARY OF CONTRACT CONTRACTOR OF CONTRA	
	HOLLOWAY & COMPANY, SALIS URY, MARYLAND DATE AUG 11 1986 for carles Jung	٧
	v 0 0	



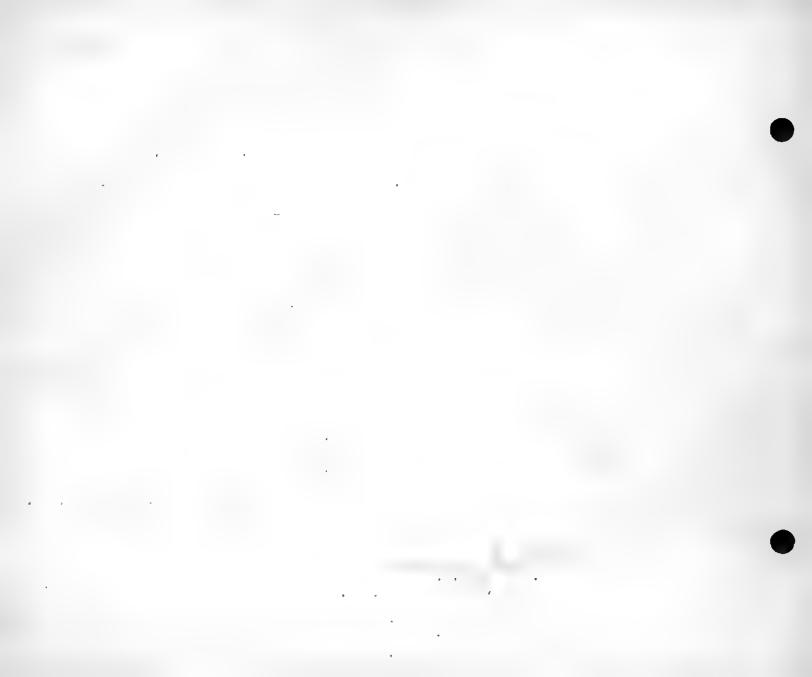
301 W. PRESTON STREET, BALTIMORE 1, MARYLAND DIVISION OF STATISTICAL RESEARCH AND RECORDS, DEATH funeral within 24 hours after I. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution, Residence before edmission) a. COUNTY b, COUNTY 地へ 7icomico Maryland Wicomico MARYLAND b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) c. LENGTH OF STAY IN 16 write RURAL and give negrest town! Ξ, hours after Quantico Quantico d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? completely YES NO TY wuantico, Maryland Luantico NAME OF DATE Month Year Middle DECEASED DEATH (Type or print) 1966 August ¥iki levin carbon 5. SEX 6. COLOR OR RACE AGE (In yeers | IF UNDER 1 YEAR) IF JNDER 24 HRS and DATE OF BIRTH 7. MARRIED T NEVER MARRIED lest birthdey) Months Days Hours WIDOWED T Male DIVORCED 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? 11. BIRTHPLACE (County & Stelle, or foreign country) done during most of working life, even if retired) U.S.A. Marvland Merchant Store please 5 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending and Unknown Gale varv Then loval, 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | Address 17. INFORMANT [Yes, no, or unkown] : (If yes give wer or detes of service) physician. Hopson Gale uant CO 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH signed PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) burial-transit **DUE TO** affending Conditions, if eny, which (b) gave rise to immediate cause DUE TO (e), stelling the underlying the the ceuse lest. certificate PART IF OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY 8 2 CERT.FICATION PERFORMED? USB prior NO [ ğ 200. ACCIDENT WAS UNDERLYING T 20b. DESCRIBE HOW INJURY OCCURRED, [Enter neture of injury in Pert I or Pert II of item 18.) detached for t. of Health OR CONTRIBUTING TT CAUSE OF DEATH UF EITHER, NOTIFY MEDICAL EXAMINER 20e, PLACE OF INJURY (Home, farm, ) (Steta) 20c. TIME OF INJURY Month, Dev. Yeer 20d. INJURY OCCURRED I 20f. (City or town) (County) retained fectory, street, office bldg., etc.) While Not While Hour e.m. DIRECTOR Dept. et work et work 19 o.m. 2 21. I certify that (I) (this hospital) ettended the deteased from.... State shoul from the causes and on the date stated above and that death occurred at saw the deceased 220 SIGNATURE ATTENDING STAFF HOSPITAL FUNERAL DIRECTOR PHYS. PHYS. M.D. 22c. PHYSICIAN'S 22d, ADDRES ector, NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 238. BURIAL, CREMATION, 23b. DATE THEREOF 23d. LOCATION (City, lown or county) & FO REMOVAL (Specify) cemetery Quantico Burial Juanti CO 256. REGISTRAR'S SIGNATURE 25a. REC'D BY REGISTRAR 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OF DEATH funera and death PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY Pages 1 or after MARYLAND b. CITY OR TOWN (if putside corporate limits, C. LENGTH OF STAY IN 1b completely filled in by to be carbon papers. Page event, within 72 hours a c. CITY OR JOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) 15 . NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? NO V YES executed within NAME OF DECEASED (Type or print) First Middle Last DATE Month Day Year 4. OF DEATH AGE (In years I IF UNDER 1 YEAR) last birthday) Months | Days renohl 196 5. SEX 6. COLOR OR RACE ешоле DATE OF BIRTH 7. MARRIED X NEVER MARRIED IF UNDER 24 HRS апу Hours and WIDOWED DIVORCED [ 10a. USUAL OCCUPATION (Give kind of work done attending physician a ermit. Then bease re on, or removel, and in = 10b, KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT (County & State, or foreign country) death certificate be during most of working life, even if retired) COUNTRY? E TEWEL 13. FATHER'S NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITYNO. 1 Address DELMAR-M. (Yes, no, or unkown) (If yes give war or dates of service) transit perm cremation, GERMAN 006 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN The law requires that the been signed by the burial-transit or to burial, crems ONSET AND DEATH PART I. DEATH WAS CAUSED BY: the hospital or attending physician. IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which gave rise to immediate DUE TO cause (a), stating the as th prior underlying cause last. has S FART M. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY 119. for use Health p detached for use PERFORMED? CERTIFICA YES NO J 20a. ACCIDENT WAS UNDERLYING TO CENTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) ö MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, ) 20f. (City or town) (County) (State) factory, sfreet, office bldg., etc.) Hour a.m. After While Not While p.m. 19 at work at work retained DIRECTOR: At age 3 should lied with the S 21. I certify that (I) (this hospital attended the deceased from that (I) (we) last OG and that death occurred at 2 saw the deceased alive on M. from the causes and on the date stated above. SIGNATURE 22b. DATE SIGNED þ director, page should be filed v MED. ATTENDING STAFF DIRECTOR PHYS. M.D. PHYS 4 may O HOSPITAL FUNERAL PHYSICIAN'S 22d. ADDRESS NAME (Type) BURIAL, CREMATION, 23b, DATE THEREOF 23c. NAME OF CEMETERY OR GREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) 2 FUNERAL DIRECTOR 25b. VR #15 (4) 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 27207 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 12024 FOR STATE HEALTH DEP製 PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) b. COUNTY n COUNTY a. STATE 2, and 3 to PM3 Page ₽ death. Wicomico Maryland Worcester MARYLAND b CITY OR TOWN (f autside carparate im ts, write RURAL and give nearest tawn)
Salisbury c LENGTH OF STAY IN 16 c CITY OR TOWN (If outs de carparate limits, write RURAL and give nearest tawn) Ocean City ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in haspital give street address) d STREET ADDRESS form haurs Peninsula General Hospital 19 St. Louis Ave. YES 🗀 NO X Item 18. Give Pages 4 DATE 3 NAME OF Manth Year Last DECEASED TINNA B. HADDER 8-18-66 19 DEATH (Type or print) Office along B DATE OF BIRTH 9 AGE ( n years IF UNDER 1 YEAR IF UNDER 24 HRS S SEX 6 COLOR OR RACE 7 MARRIED MEVER MARRIED \$3 last bethaay) Hours F 8-19-1880 WIDOWED 🖂 DIVORCED This certificate shauld be executed within 24 hours and 2 12 CITIZEN OF WHAT 10a USUA, OCCUPAT ON (Give kind of work done 10b KIND OF BUSINESS OR 11. B RTHPLACE (State or fare an country) during impst af warking life, even if retired) COUNTRY 2 INDUSTRY dny BERLIN HOUSEWIFE OWN HOM 5 pages in any MOTHER'S MAIDEN NAME 13 FATHER'S NAME Fi e and 16 SOCIAL SECURITY NO. 17 INFORMANT IS WAS DECEASED EVER IN U.S. ARMED FORCES? ansit permit, ar remaval, o ar unknown) (If yas give wor or dates of service 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c),) ONSET AND DEATH burial-trans;₹ PART I DEATH WAS CAUSED BY Asphyxia IMMEDIATE CAUSE (a) 7040 writing the ward crematian, DUE TO Aspiration of Vomitus Minutes Conditions, if any which gove rise ta immediate cause (a). DUE TO stating the underlying cause S 19 WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) Fractured neck of left femur. NO 3 20a. EXTERNAL AUSE WAS PRIMARY S or CONTRIBUTING € 206 DESCRIBE HOW INJURY OCCURRED (Enter nature of nigry in Port or Part It of item 18.) MEDICAL EXAMINER: Fell at home. CAUSE OF DEATH. 20d INJURY OCCURRED 20e, PLACE OF INJURY (Hame farm, (E ty or town) (County) (State) 20c. TIME OF INJURY Manth, Day, Year factory, street, affice bldg., etc.) may be retained far your FUNERAL DIRECTOR: Page at work at work Ocean City, Worcester, Md. Own home Inspection A 21 | certify that I taok charge of the remains described above, held an Autopsy and in my opinion for Accident X Undetermined manner deoth resulted from: Notural causes Suicide 1 Hamicide CHIEF MEDICAL-EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE Royer DEPUTY MEDICAL EXAMINER August 22, 1966 5 may O FUNEI Health 409 Camden Ave.. Salisbury, Md. Address (Street, city town, or county) NAME (Type) NAME OF CEMETERY OR CREMATORY 23a. BURIAL CREMATION 23d LOCATION (City or Town) (County) (State) BMOYAL (Spec fy) DR 2So REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR ATSME IN AUG 1966 Burbage Funeral Home, Berlin O Md. 6M 1/66



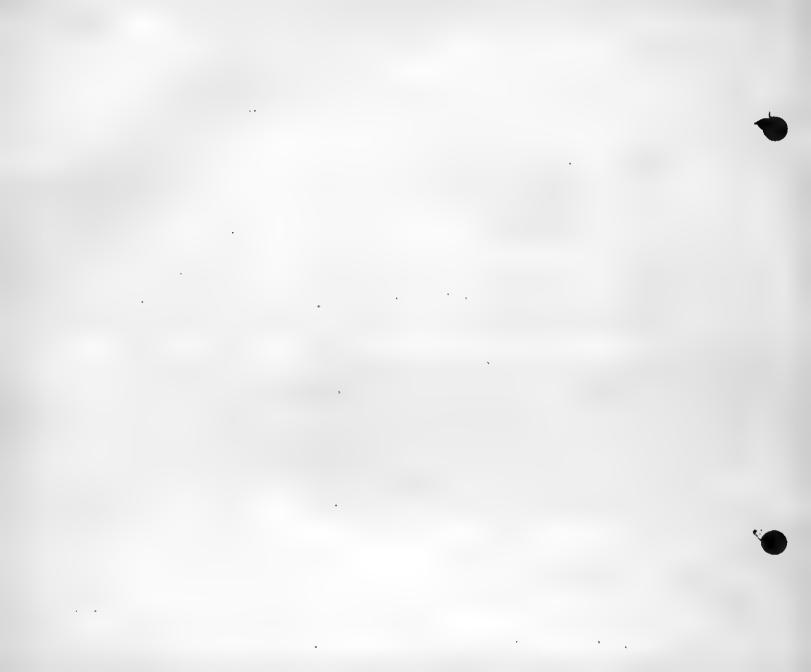
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH fuminal and 2 and 2 death. 24 hours after death. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. STATE b. COUNTY. completely filled in by the f we carbon papers. Pages 1 event, within 72 hours after Maryland Wicomico MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) Salisbury Salisbury d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) and completely filled remove carbon papers. d. STREET AODRESS e. IS RESIDENCE ON A FARM? 104 W. Isabella Street 10h W. Isabella Street NO K YES be executed within 3. NAME OF First Middle Last DATE Month Oav Year DECEASEO HENRISCHEE  $2 \mu$ 19 66 (Type or print) DEATH August AGNES MARIE 6. COLOR OR RACE | 7. MARRIED 5. SEX 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS NEVER MARRIEO last birthday) | Months | the attending physician and of permit. Then, please removation, or removal, and in any of Days Hours White Female WIDOWED K OIVORCED [ Sept. 19,1890 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? Baltimore. Maryland USA Retired -Salesladv Dept. Store death certificate 13. FATHER'S NAME MOTHER'S MAIDEN NAME (unk.) Paul Hentschel 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) | (If yes pive war or dates of service) 16. SOCIAL SECURITY NO. I 17. INFORMANT (Son) Clay L. Hentschel cremation, St. Salisbury, Isabella Maryland been signed by the the burial-transit p or to burial, cremati 18. CAUSE OF DEATH [Enter only one cause per lipe for (a), (b), and (c). INTERVAL BETWEEN ONSET\_AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 4 O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the Page 4 may be retained by the hospital or attending physician. DUE TO Cenditions. If any, which (b) gave rise to immediate **OUE TO** (a), stating certificate has be thed for use as the ot. of Health prior t underlying cause last. PARTIL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? NO T YES 20% ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part 1 or Part 11 of Item 18.) 20b. O FUNERAL DIRECTOR: After this certi director, page 3 should be detached i should be filed with the State Dept, of CERT MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (County) (State) factory, street, office bldg., etc.) Hour a.m. Not While at work at work p.m. 66. that (1) (we) last 21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on . M. from the causes and on the date stated above. and that death occurred at 22a. SIGNATURE 22b. OATE SIGNED ATTENDING STAFF Ru Aug. 25 OIRECTOR PHYS. PHYS. PHYSICIAN'S 22¢. 22d. ADORESS NAME (Type) David J. Gilmore Salisbury, Maryland Dr. 23a. BURIAL, CREMATION, 23b. OATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) REMOVAL (Specify) Salisbury, Maryland Wicomico Memorial Park REC'O BY REGISTRAR, 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR AOORESS HOLLOWAY & COMPANY, SALISBURY, MARYLAND VR #15 (4) 20M 1/65



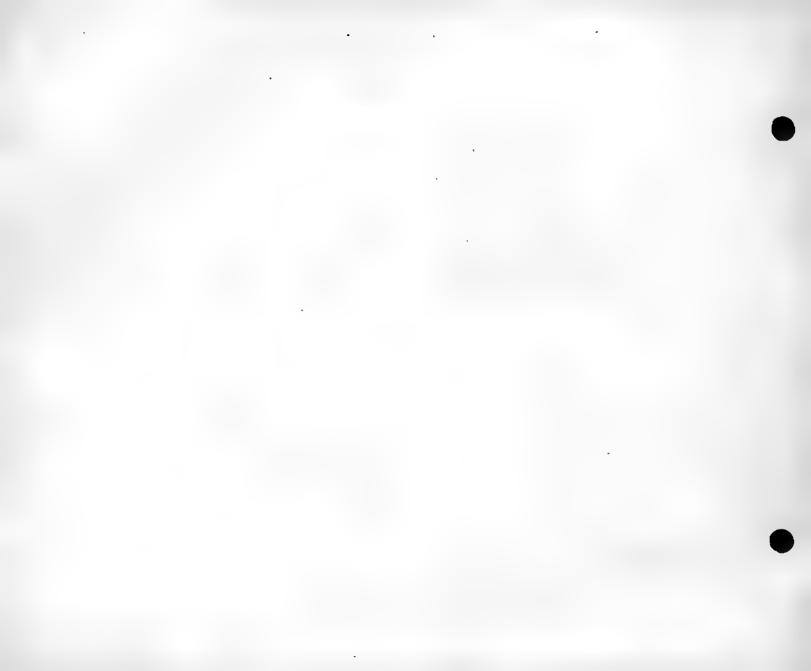
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH and 2 death. fune 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution; Residence before admission) a. COUNTY letely filled in by the furbon papers. Pages 1 a within 72 hours after d ELAWARIJO. COUNTY WICOMI MARYI AND b. CITY OR TOWN (if outside corporate limits. C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) 1513 U d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 6. IS RESIDENCE ON A FARM? d. STREET ADDRESS ENINSULA GENE NO YES etely executed within NAME DE 3. First Middle Last 4. DATE Month Day Year DECEASED remove carb (Type or print) DEATH 196 0 UG DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED last birthday) Months Days Hours WIDOWED [ DIVORCED [ 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR physician an please re Ξ 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT death certificate be COUNTRY? during most of working life, even if retired) INDUSTRY removal. 13. FATHER'S NAME MOTHER'S MAIDEN NAME he attending ph permit. Then EDDORF 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 5 (Yes, no, or unkown) (If yes give war or dates of service) been signed by the att the burial-transit permi or to burial, cremation, o VALKNOWN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), INTERVAL BETWEEN The law requires that the ONSET AND DEATH PART I. DEATH WAS CAUSED BY: or attending physician. IMMEDIATE CAUSE (a) DUE TO Cenditions, If any, which (b) gave rise to immediate as the prior to DUE TO cause (a), stating the underlying cause last, has (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? this certificate f detached for use e Dept. of Health for use Health use NO [ YES PHYBICIAN: 20a. ACCIDENT WAS UNDERLYING [ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.) DR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm.) 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While After ATTENDING retained by Stat at work at work the can 19 66 - 19 66, that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from S should with the 23 M, from the causes and on the date stated above. and that death occurred at saw the deceased alive on 1966 22a. SIGNATURE 22b. DATE SIGNED DIR page ATTENDING STAFF M.D. PHYS DIRECTOR PHYS TO HOSPITAL FUNERAL 22¢. PHYSICIAN'S 22d. ADDRESS director, p should be i NAME (Type) NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23d. REMOVAL (Specify) 日 REGISTRAR'S SIGNATURE FUNERAL DIRECTOR 25b. VR #15 (4) 2DM 1/65



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH hours after death 음음 PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admirsion) a. COUNTY b. COUNTY Worchester am. MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) move carbon papers. Pag any event, within 72 hours Bishopville .⊑ filled i d. NAME OF HOSPITAL ORANSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? NO YES certificate be executed within completely NAME OF Middle Last DATE Month Day Year DECEASED (Type or print) DEATH 007 move 6. COLOR OR RACE DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) Months | Days | Hours | Min. 7. MARRIED X NEVER MARRIED 7-1-1897 Months Days Hours WIDOWED DIVORCED [ and in 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY p∥ysicia n please 12. CITIZEN OF WHAT COUNTRY? 11. BIRTHPLACE (County & State, or foreign country) Housewife Maryland USA none Then pl 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Lavenia Vinson Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) [(If yes give war or dates of service) death been signed by the att the burial-transit perm or to burial, cremation, Mr. William Hudson, Bishopville, Md 9-40-5984 no18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN that the ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO requires Cenditions, If any, which (b) gave rise to immediate DUE TO cause (a), stating the as th underlying cause last. PHYSICIAN: The law CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REVAILED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. WAS AUTOPSY for use Health PERFORMED? certificate NO D 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) r this certif detached for te Dept. of H 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part I or Part II) of Item 18.) TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120e, PLACE OF INJURY (Home, farm, 20f. (City or town) (State) (County) be de State I factory, street, office bldg., etc.) Hour a.m. While After Id be d Not While ATTENDING at work at work retained 21. I certify that (I) (this hospital) attended the deceased from DIRECTOR: age 3 should led with the M, from the causes and on the date stated above. saw the deceased alive on and that death occurred at // 22a. SIGNATURE 22b. DATE SIGNED page ATTENDING MĚD. STAFF PHYS. DIRECTOR M.D. PHYS. тау FUNERAL PHYSICIAN'S 22d. ADDRESS director, p NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) BURIAL, CREMATION. 23b. DATE THEREOF (State) Fort Lincoln Cemetery Washington, D.C. 29-66 ADDRESS REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR Frankford. Dela. Melson VR #15 (4) 1/65



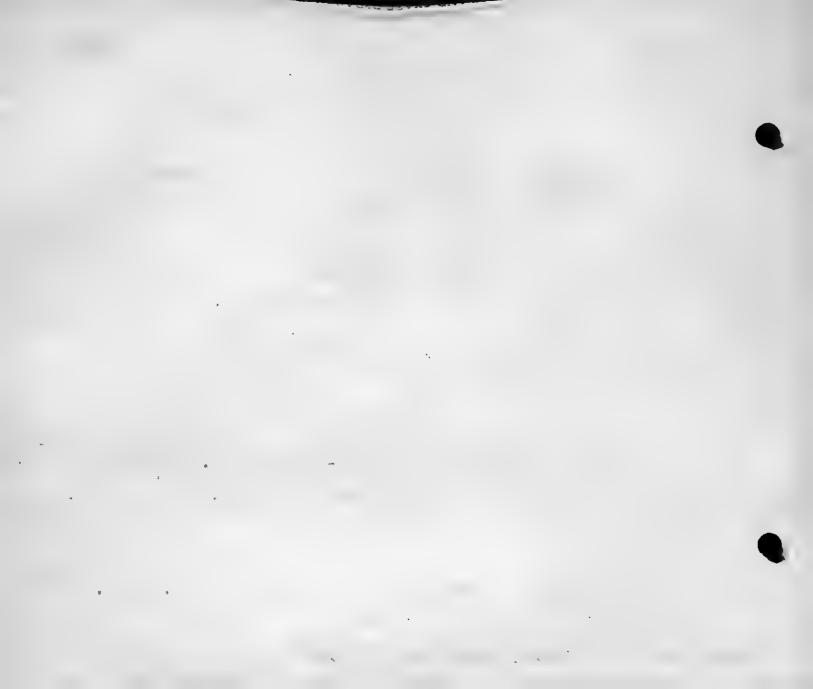
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 12028 FOR STATE HEALTH DEPT. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) PLACE OF DEATH o COUNTY W 100mico ofter deoth. MARYEAND autside carporate limits, write RURAL and give nearest tawn) b CITY OR TOWN (If outside carparate limits, CHENGTH OF STAY IN 16 puo a NAME OF HOSPITAL DR INSTRUTION (f.gat in hospita, g.ve.street address) e IS RESIDENCE ON A EARM? tote Del hours YES ON NO DATE 3. NAME OF First OF DEATH DECEASED 196€ (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS S SEX NEVER MARR ED WIDOWED 12-5 TIZEN OF WHAT 10b K ND OF BUSINESS OR 13 FATHER'S NAME File ASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO INFORMA This certificate should be executed used as a burial-transit permit. burial, crematian, or removal, (Yes, no, or Unknown) (If yes give war or dates of service 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) ONSET AND DEATH PART I DEATH WAS CAUSED BY-Compound IMMEDIATE CAUSE (a) writing the word DUE TO Conditions, if ony, which gave use to immediate cause (a), DUE TO storing the underlying couse PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) rackeres designoted agent, prior to 200 EXTERNAL CAUSE WAS PRIMARY OF CONTR BUTING 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of fem 18.) CAUSE OF DEATH car accident 20e PLACE DF NJURY (Harne, form, (City or town) (County) (State) 20d NJURY OCCURRED 20c TME OF INJURY Manth, Day, Year factory, street, office bldg , etc.) Not While at wark While at work FUNERAL DIRECTOR: Page Inspection [X] 21. I certify that I took charge of the remains described above, held an Autopsy and in my apiniae death resulted from-Accident X Suicide , Undetermined manner Homicide Natural couses CHIEF MEDICAL EXAMINER 22. DATE SIGNED ACTUAL ASSISTANT MEDICAL EXAMINER Heolth or its SIGNATURE DEPUTY MEDICAL EXAMINER X Address (Street, city, town, or county) (County) 0 REC'D BY REG STRAR REGISTRAR S SIGNATURE FUNERAL DIRECTOR Ocharles VR A15ME (5) 6M 1/66



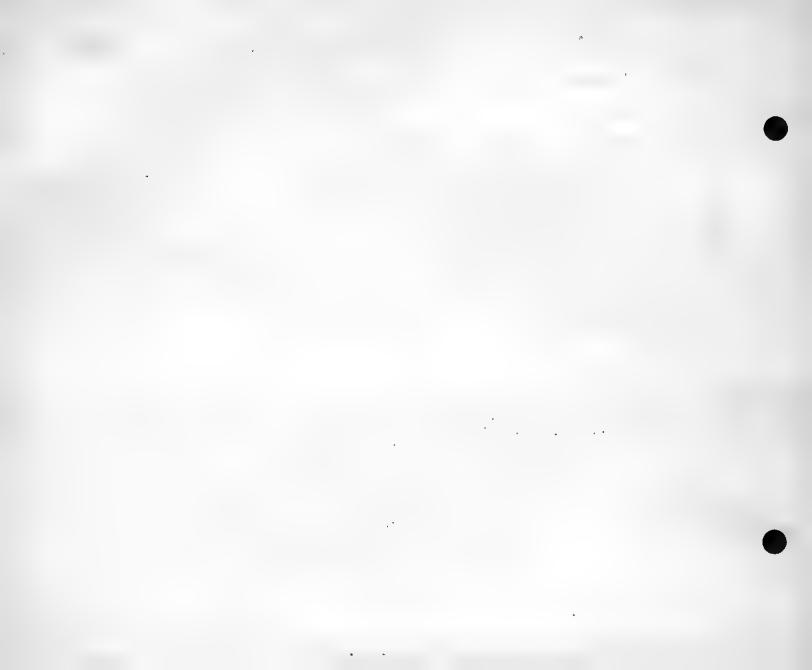
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral within 24 hours after I. PLACE OF DEATH 2. USUAL RESIDENCE (Where decassed lived, if Institution: Residence before edmission) a. COUNTY by the land 2 death. b. COUNTY Wicomico Wicomico Marvland MARYLAND b. CITY OR TOWN (if outside corporate limits, E. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give naarast town) Tyaskin Lifetime Tvaskin d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitet, give street eddress) d. STREET ADDRESS d. IS RESIDENCE ON A FARM? completely NO X papers. 2 3. NAME OF Middla 4. DATE Month Day DECEASED OF within (Type or print) Tella DEATH Hughes 19 66 carbon 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH and 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) Months I Female WIDOWED [ Negro DIVORCED remove 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY done during most of working tife, even if retired)
HOUSEWIT 6 Wicomico. Maryland plaase 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME George Gaines Lizzio Hughes oval, 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 116. SOCIAL SECURITY NO. 17. INFORMANT Address No Mrs Lessie Cross. Salisbury. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Zhv. IMMEDIATE CAUSE (a) cremation. burial-transit DUE TO Conditions, if any, which (6) gave rise to immediate cause DUE TO (a), stating the undarlying cause last. 95 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) \$9. WAS AUTOPSY CERTIFICATION PERFORMED? USB prior NO X P 20s. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING TI CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) ATTENDING 2Dc. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED | 20a, PLACE OF INJURY (Home, farm, 1 20i. (City or lown) (State) ō Not Whi a factory, street, office bldg., etc.) While Hour a.m. DIRECTOR: at work at work D . 271 1900, that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from. from the causes and on the date stated above. .19. Lek., and that death occurred at saw the deceased alive on. тау 22a. SIGNATURE 22b. DATE ATTENDING STAFF HOSPITAL FUNERAL PHYS. 22d. ADDRESS 22c. PHYSICIAN'S ector, NAME (Typa) filed 23a, BURIAL, CREMATION, 23b. DATE THEREOI 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, fown or county) (State) o ÷ å REMOVAL (Spacify) Tvaskin, Maryland New Town Cemeterv 250. REC'D BY REGISTRAR 256 REGISTRAL'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS Maryland DATE 20M 5-63

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution Residence be'o is in to a. CQUNTA **b.** COUNTY MARYLAND c LENGTH OF STAY IN 16 c. CITY OR TOWN (It outside corporate limits, write RURAL and give nearest line L and give nearest tower d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) IS RESIDENCE ON A FARM? 3. NAME OF DATE Month DECEASED (Type or print) DEATH 7. MARRIED | NEVER MARRIED X AGE In years IF UNDER 1 YEAR WIDOWED [ WAS DECEASED EVER IN J.S. 16, SOCIAL SECURITY NO. (Yes, no, or unkown) [Illyasa ypwarordatesofservice) 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY MMEDIATE CAUSE , & DUE TO Conditions, if any, which? gava rise to immediata causa DUE TO (a), stating the underlying causa last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART T(0) 19. WAS AUTOPS PERFORMED? NO DE 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of Item 18 / Car overturned ---PRIMARY K or CONTRIBUTING | CAUSE OF DEATH. Mardela-Sharptown Rd. Body was found 208 INJURY OCCURRED 20e. PLACE OF INJURY (Home, Isrm, 20f. (City or town) Car (County) 20c. TIME OF INJURY Month Day Y 20 (State) tectory, street office bldg , etc.) , at work - at work X Mardela-Sharptown Rd. Wic. Md. 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection Inquiry and in my opinion death resulted from: Natural causes Accident X Undetermined manner Suicide Homicide CHIEF MEDICAL EXAMINER should be for ASS STANT MEDICAL EXAMINER DATE SIGNED DEPUTY MEDICAL EXAMINER IX ò TO PL. Health NAME (Type) Address (Street city, town, or county 105 - Ma VR A15ME 5M 1/62



1	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MAR	YLAND
4 504	12031. CERTIFICATE OF DEATH	29
leat e and a	1. PLACE DE DEATH	nce before admissio
e le fi	a. COUNTY Wicomico Maryland  a. STATE Md. b. COUNTY Wicomico	nico
# £85	b. CITY OR TOWN (if outside corporate limits, write RURAL and write RURAL and give nearest town)  c. LENGTH OF STAY IN 1b  c. CITY OR TOWN (if outside corporate limits, write RURAL and	give nearest town
E E E	Salisbury	2 /
filled i	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS	e. IS RESIDENC
law requires that the death certificate be executed within 24 hours after death. Itsending physician. The standard physician and completely filled in by the funeral has been signed by the attending physician and completely filled in by the funeral as the burial-transit permit. There pieces remove carbon papers eages 1 and 2 prior to burial, cremation, or removal, and in any event, within 12 hours after death.	Peninsula General Hospital	YES NO
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ICIAN tospita certi: thed f	20a. ACCIDENT WAS UNDERLYING     20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.)    Contributing   Cause of Death (IF EITHER, NOTIFY MEDICAL EXAMINER)	
NG PHYSIC by the hos frer this co be detache State Dept.		(State)
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DING P ed by t After d be d e State		that (I) (we) la
L OR ATTEND y be retained DIRECTOR: A age 3 should	21. I certify that (I) (this hospital) attended the deceased from \$\frac{3}{3}\], 19 \( \frac{6}{5}\), to \$\frac{8/3}{19\frac{6}{5}\}, saw the deceased alive on \$\frac{13}{3}\]. 19 \( \frac{6}{5}\), and that death occurred at \$\frac{3}{5}\], from the causes and on the d	
E ta Disk file	228. SIGNATURE 22b. DATE	SIGNED ,
AL OR Nay be NL DIRI	M.D. PHYS. MED. STAFF DIRECTOR PHYS.   8	131/66
TAL may AL   pa	22c. PHYSICIAN'S   22d. ADDRESS	
HDSPITAL age 4 mai FUNERAL irector, pa	NAME (Type)	
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the Page 4 may be retained by the hospital or attending physician. O FUNERAL DIRECTOR: After this certificate has been signed be director, page 3 should be detached for use as the burial-transhould be filled with the State Dept. of Health prior to burial, cre	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county)	(State)
5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	Burial all & 3/ 1916 Belle Harren Delle Harren	U, 100
	24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SI	On Quelar
VR A15 (4) 20M 1/65	Matte man Mapp DATE SEP 7 1966 fcliane	
20M 1/03	, , , , , ,	



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY Maryland icomico 1 Cam hours after MARYLAND CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b Salisbury /23/66 filled OF HOSPITAL OR MISTITUTION (if not in hospital, give street address) | d. STREET ADDRESS e. IS RESIDENCE 24 ON A FARM? RD #5. Crooked Oak Lane NO YES death certificate be executed within ety NAME OF DATE First Middle Last 4. Month Day **2**-2 DECEASED OF and comple remove carl event, BERTHA MAE (Type or print) DEATH 1966 5. SEX 6. COLOR OR RACE DATE OF BIRT AGE (In Jears | F UNDER 1 YEAR | F UNDER 24 HRS. last birthday) | Months | Days | Hours | Min. 7. MARRIED K NEVER MARRIED [ ] 1898 WIDOWED DIVORCED 68 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT lease and is INDUSTRY COUNTRY? Housewife Wicomico Co. Maryland USA ᇗ 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ed by the attending phi-transit permit. Then p cremation, or removal, removal Benjamin Thomas Hearn Alverta Mills 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. (Yes, no, or unkown) (If yes give war or dates of service) Mr. Homer D. Kelley (Husband) No Salisbury. Maryland 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN law requires that the ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Jinstones States of the burian contraction o **DUE TO** Conditions, If any, which (b) gave rise to Immediate DUE TO cause (a), stating the underlying cause last. (c) 38 CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY for use Health PERFORMED? YES NO F 20a. ACCIDENT WAS UNDERLYING F 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part | or Part |) of item 18.) tached f Dept. of OR CONTRIBUTING CAUSE OF DEATH N/A(IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120e, PLACE OF INJURY (Home, farm, (State) 20f. (City or town) (County) at work at While factory, street, office bldg., etc.) Hour a.m. p.m. 0 21. I certify that (I) (this hospital) attended the deceased from 19606 that (I) (we) last saw the deceased alive on and that death occurred at 00 M, from the causes and on the date stated above. 22b. DATE SIGNED 22a. SIGNATURE ATTENDING STAFF PHYS. Aug. 23, 1966 M.D. PHYS. DIRECTOR pa TO HOSPITAL PHYSICIAN'S FUNERAL TO FUNERAL director, p should be f 22c. 22d. ADDRESS NAME (Type) Page 4 Salisbury. David Maryland 23d. LOCATION (City, town or county) BURIAL, CREMATION, 23b. DATE THEREOF NAME OF CEMETERY DR CREMATORY REMOVAL (Specify) burial August 26/66 Parsons Cemeterv Salisbury, Maryland 24. FUNERAL DIRECTOR REC'D BY REGISTRAR 1 25b. REGISTRAR'S SIGNATURE HOLLOWAY & COMPANY, SALISBURY, MARYLAND VR A15 (4) 1/65



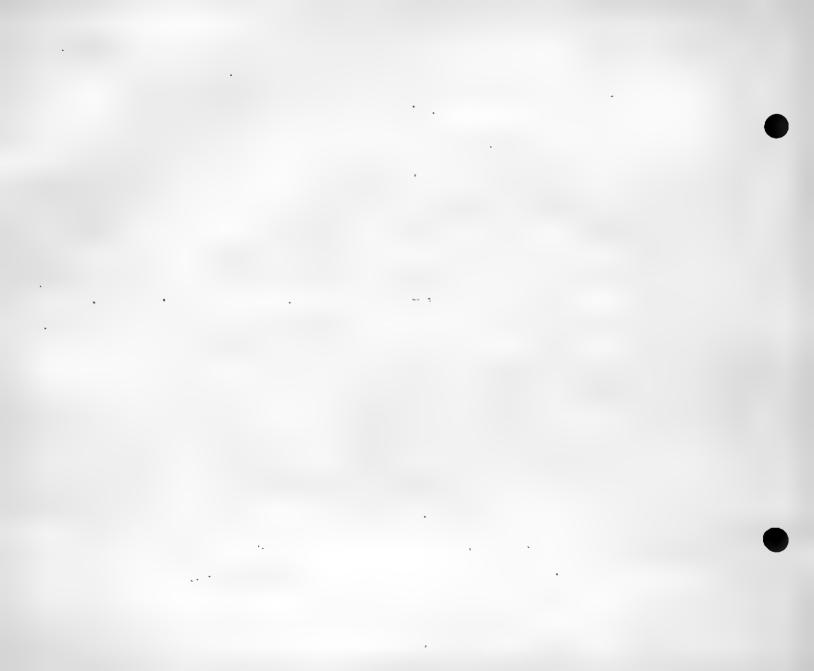
,)	1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
4	- E2:	12033 CERTIFICATE OF DEATH 12030
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	A Para	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  c. CITY OR TOWN (if butside corporate limits, write RURAL and give nearest town)
	hough s. Pag hours	JAMASHURY UCLAN CITY
	executed within 24 hou and completely filled in remove carbon papers.	ON A FARM?
	executed within and completely fremove carbon panagement within	3. NAME OF FIRST MINISTER MARKET PARTY MARKET PARTY NO. 12 TO 1 T
	with the plet	OECEASED (Type or print) Harry Palmer Helly DEATH Dugust 21 1966
	orted Communitied Communitied Communities	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BURTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
	and and	THATE WILL WIDOWED DIVORCED 1-63, 22, 891 7,5 yrs.
	ficate be e physician on please f wal, and in	100. USUAL OCCUPATION (Cive kind of workdone 10b. KIND OF BUSINESS OR during most of working life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, of foreign country) 12. CITIZEN OF WHAT COUNTRY?
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	cer andi t. T	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address  (Yes, no, or unknown) (If yes give war or dates of service)
	eath atte ermi	VES MORLO II NO HANDES OF SETTICE)
	the d	38. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),]
	at the san the	PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) A LEW School Fland Death CONSETT AND DEATH
	s th lysic ligne rial-i	7 X C C DUE TO
	aure e pri e bu	Conditions, if any, which (b) (b) gave rise to immediate (cause (a) estation the DUE TO
	red indin	cause (a), stating the DUE TO (c)
	atte atte b has se as th pr	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)   19. WAS AUTOPSY PERFORMED?
	The icate	AES   NO
	O HOSPITAL OR ATTENDING PHYSICIAM: The faw requires that the death certificate be Page 4 may be retained by the hospital or attending physician. O FUNERAL DIRECTOR. After this certificate has been signed by the attending physician director, page 3 should be detached for use as the burial-transit permit. Then please should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in	PARTII. OTHER SICNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  19. WAS AUTOPSY PERFORMED? PERFORMED? YES NO (CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTION CAUSE OR CONTRIBUTION CAUSE OF DEATH OR CONTRIB
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	Ser the state of t	Hour a.m. While Not While factory, street, office bldg., etc.)
	Aft Aft Pid	21. I certify that (I) (this hospital) attended the deceased from 5 // 19 Goto 5 // 19 Gothat (II) (we) last
	R ATTENDIN e retained RECTOR: Af 3 should I with the S	saw the deceased alive on 8 - 2 1966 and that death occurred at 5 A M, from the causes and on the date stated above.
	R A)	22a. SICNATURE  ATTENDING MED. STAFF 22b. DATE SICNED
	AL C lay t L D page file	22c. PHYSICIAN'S  M.D. PHYS. DIRECTOR PHYS. 22d. ADDRESS
	A m 4 m vera	NAME (Type)
	TO HOSPITAL OR ATTENDI Page 4 may be retained TO FUNERAL DIRECTOR. A director, page 3 should should be filed with the	23a. BURIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETERY OR CREMATORY   23d. ADCATION (City, town or county) (State)
	5 5 %	BULLING 8 24 66 EVERGREEN BERLY WUR, ND
	da	ADDRESS 25a, REC'D BY REGISTRAR'S SICNATURE DATE AUG 26 1966 MILLS DATE AUG 26 1966 MILLS DE LE
	VR A15 (4) 20M 1/65	Anna A. Selling feeling Mix DATE AUG 26 1966 golianley Jungs -



	1/4 /		MARYLAND STATE DEPARTMENT OF HEALTH _DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
4			12034 CERTIFICATE OF DEATH
-	the funeral ges 1 and 2 after death.	1.	PLACE DF DEATH  2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY  a. STATE  b. COUNTY
	± 0. □ 0.	_	WICOMICO MARYLAND VITOLDIA ACCOMACK
	ns are by the Pages ours aft		b. CITY DR TOWN (if outside corporate limits, write RURAL and give nearest town)  write RURAL and give nearest town)  ALISBURY  C. LENGTH DF STAY IN 1b  C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
	filled in by papers. Pain 72 hours	-	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  d. STREET ADDRESS  e. IS RESIDENCE DN A FARM?
	y fille pape thin 7	_	PENINSULA GENERAL HOSPITALI BOX 39 YES NOW
	executed within 24 nours and completely filled in by remove carbon papers. Page nay event, within 72 hours	3.	NAME OF First Middle Last 4. DATE Month Day Year DECEASED (Type or print) FANNIE WALLER KNOX DEATH AUGUST 32 1966
	comp comp ve co	5.	SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   8. DATE DF BIRTH   9. AGE (In years   IFUNDER 1 YEAR   IFUNDER 24 HRS.
	and corremove	F	EMALE NEGRO WIDDWED DIVORCED NAVIS, 1874 Lyrs.
		dui	a. USUAL OCCUPATION (Give kind of work done lob. Kind of Business Dr. ling gost of working life, even if retired) 10b. Kind of Business Dr. ling gost of working life, even if retired) 12. CITIZEN DF WHAT COUNTRY.
	cate physi	13	FATHER'S NAME 14. MOTHER'S MAIDEN NAME
	certifica Iding ph Then remova		Edward Wallop ' Ida Rue
:	that the death certificate be sician. ned by the attending physiciar al-transit permit. Then please al, cremation, or removal, and it.	(Y	i. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. OCIAL SECURITY NO. 17. INFORMANT  Address  (If yes give war or dates of service)
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	ar the lan. I an. I an. I an. I an. I ansi		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Infu ein beal Hemankas ONSET AND DEATH
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	PHYSICIAN the hospit this certi detached f e Dept. of		
	TO HOSPITAL OR ATTENDING PHYSICIAN: the law requires that the death certify Page 4 may be retained by the hospital or attending physician.  TO FUNERAL DIRECTOR. After this certificate has been signed by the attending director, page 3 should be detached for use as the burial-transit permit. Then should be filed with the State Dept. of Health prior to burial, cremation, or remon	<b>■</b> EDICAL	20c. TIME OF INJURY Month, Day, Year   20d. INJURY DCCURRED   20e. PLACE OF INJURY (Home, farm, Hour a.m.   While   Not While   factory, street, office bidg., etc.)   factory, street, office bidg., etc.)
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	ATE reta reta ECTO 3 shr with		saw the deceased alive en 19/1, and that death occurred at M, from the causes and on the date stated above.  22a. SIGNATURE   22b. DATE SIGNED
	ny be ny be ny be sage filed		LESSEE STAFF DIRECTOR STAFF DIRECTOR PHYS.
	e 4 m; e 4 m; ineral ctor, c		220. PHYSICIAN'S NAME (Type). 1 22d. ADDRESS MAME (Type). 1 Michael Canada Sallabar Mcl.
	Page O Fage Should be shou	23:	BURIAL, CREMATION, 23b, DATE THEREDF 23c. NAME DF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
	B	24	The state of the s
	VR AI5 (4) 20M 1/65	1	Annual Sense CARW Church, Val DATE AUG 29 1966 Johnson Judge
	2011 1/00		



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH death. 1. PLACE DF GEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY a. STATE b. COUNTY Maryland Wicomica Somerset. **MARYLANO**  CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ve carbon papers. Pag event, within 72 hours hours Crisfield Weeks 15bure d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Myrtle Street YES No X **■xecut** within NAME DE First Middle Last DATE Month Day DECEASED RISSTE (Type or print) DEATH 19 66 MON 5. SEX 6. COLOR OR RACE OATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 7. MARRIED NEVER MARRIED alast birthday) Months Days March 18. WIDDWED TE DIVORCED [ 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY 11. BIRT HPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT leath mertificate be during most of working life, even if retired) COUNTRY? Virginia USA None 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME remova William Objer Elsie Dameron attending 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITYNO. Address 334 North Lane 6 (Yes, mo, or unknwn) | (If yes give war or dates of service) No None Mitchell Landon, Conshohocken, 217-01-4655 burial-transit perri burial, cremation, 18. CAUSE OF DEATH [Enter only one cause peg, line for (a), (b), and (c).] INTERVAL BETWEEN law reculrus that the ANSET AND DEATH PART I. OEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions. If any, which (b) been gave rise to immediate DUE TO cause (a), stating the underlying cause last. 88 (C) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? the hospital or NO [ YES PHYSICIAN 20a, ACCIDENT WAS UNDERLYING I OESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part 1 or Part 11 of item 18.) ď OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. Not While at world at Work 0 21. I certify that (I) (this hospital) attended the deceased from DIRECTOR: age 3 should lied with the and that death occurred at 2004M, from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE 22b. OATE SIGNED page DIRECTOR M.D. PHYS PHYS. 4 may FUNERAL 22c. PHYSICIAN'S 22d. ADDRESS should be director, NAME (Type) Salisbury. Burton 23c. NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION, 23b, OATE THEREOF 23d. LOCATION (City, town or county) 2 Sunnyridge Cemetery Crisfield, Md. 19661 24. FUNERAL DIRECTOR AUG 29 1966 REGISTRAR'S SIGNATURE Bradshaw & Sons, Crisfield, Md. VR A15 (4) DATE 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 24 hours after death. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. COUNTY b. COUNTY MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b ve carbon papers. event, within 72 h filled NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? θ. NO 🖂 YES etely executed within NAME OF First Middle Last 4. DATE Month Day Year DECEASED OF DEATH 6457 (Type or print) 19 5. SEX 6. COLOR OR RACE AGE (In years | IFUNDER 1 YEAR | IF UNDER 24 HRS. OATE OF BIRTH 7./MARRIED [ NEVER MARRIEO last birthday) Months Days Hours any WIDOWED DIVORCED nysician 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KINO OF BUSINESS OR INDUSTRY BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT certificate be COUNTRY? 13. FATHER'S NAME MOTHER'S MAIDEN NAME he attendy permit. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMANI Address 16. SOCIAL SECURITY NO. death ㅎ (Yes, no, or unknwn) [(If yes give war or dates of service) ial-transit perm 18. CAUSE DF DEATH { Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN PHYSICIAN: The law requires that the ONSET AND DEATH PART I. OEATH WAS CAUSED BY: attending physician. IMMEDIATE CAUSE (a) signed the buria, r burial, r DUE TO Cenditions, if any, which (b) gave rise to immediate OUE TO (a), stating underlying cause last. (c) as CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. WAS AUTOPSY for use Health PERFORMED? certificate NO V YES 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.) r this certif detached fo te Dept. of H (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 1 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) State Hour a.m. While Not While After pe 19 at work at work 0 21. I certify that (I) (this hospital) attended the deceased from 196 19-Le, that (I) (we) last **DIRECTOR**: M, from the causes and on the date stated above. saw the deceased alive on and that death occurred at. 3 sho DATE/SIGNED SIGNATURE 22a. 22h. page ATTENOING MED. STAFF DIRECTOR PHYS M.O. HOSPITAL FUNERAL PHYSICIAN'S 22c. 22d. ADDRESS should be NAME (Type) BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) 2 FUNERAL DURECTOR ADDRESS REC'O BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR #15 (4) 1/65 20 M



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 r death, hoers, after death, PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. CDUNTY a. STATE b. COUNTY Wicomico MARYLAND Marvland Wicomico b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
Salisbury c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b filled in Salisbury r and completely filled in removes carbon papers. n any event, within 72 ho d. NAME OF HOSPITAL DR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? 24 Peninsula General Hospital Truitt 703 Street NO X executed within NAME DE First Middle DATE Month Day Year DECEASED 0F (Type or print) Nora Ellen Layfield August DEATH 19 6. CDLDR DR RACE DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 7. MARRIED 9. **NEVER MARRIED** last birthday) | Months | Days Hours Female White WIDOWED I DIVORCED Miy attending physician a ermit. Then please re on, or removal, and in 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

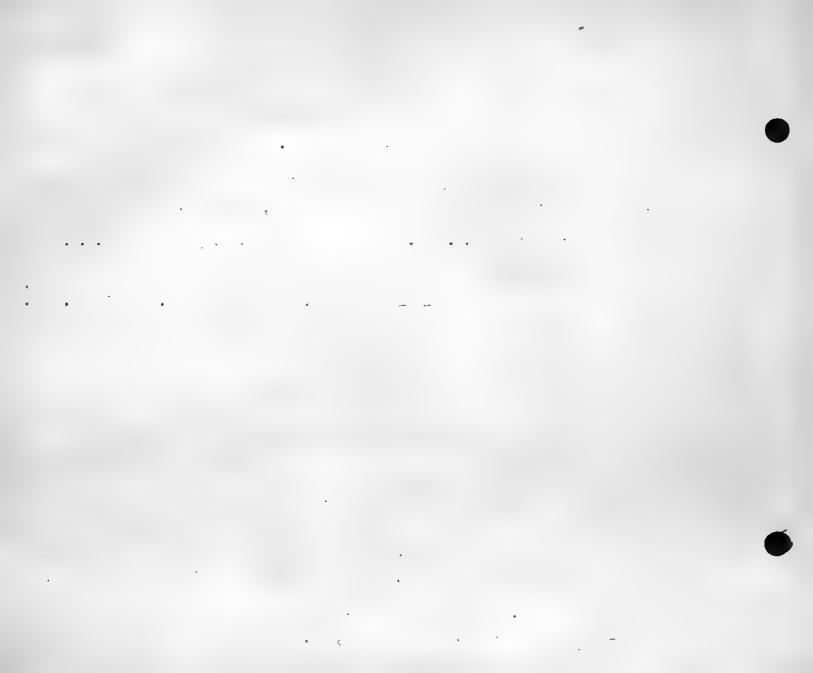
10b. KIND OF BUSINESS DR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN DF WHAT death certificate be COUNTRY? Laurel. Delaware 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Thomas Hastings Fannie Records 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SDCIAL SECURITY NO. 17. INFORMANT certificate has been signed by the attenhed for use as the burial-transit permit.

1. of Health prior to burial, cremation, or (Yes, no, or unkown) (If yes give war or dates of service) Pauline Hastings Massey, Truitt Street, Salisbury, Maryland CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSER AND DEATH PART I, DEATH WAS CAUSED BY: PHYSICIAN: The law requires that the hospital or attending physician. Nau IMMEDIATE CAUSE (a) **DUE TO** Conditions, If any, which (b) gave rise to Immediate DUE TO cause (a), stating the underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. WAS AUTOPSY CERTIFICATI PERFORMED? NO ₹ 20a, ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 1) of Item 18.) this certifi detached for e Dept. of I DR CONTRIBUTING THE CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) BOICAL TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (State) (County) D a factory, street, office bldg., etc.) Hour a.m. After Not While at work be Stat TO KOSPITAL OR ATTENDING Page 4 may be retained by ATTENDING at work I FUNERAL DIRECTOR: Aft director, page 3 should b should be fried with the St 21. I certify that (I) (this hospital) attended the deceased from and that death occurred at 4.30 P.M. from the causes and on the date stated above. saw the deceased alive on. 22a. SIGNATURE 22b. DATE SICNED page 8/12/66 ATTENDING M.D. DIRECTOR PHYSICIAN'S TO FUNERAL director, p should be 1 22d. ADDRESS NAME (Type) Dr. Wilbur Ellis Salistury L. ry and BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) Parsons Cemetery Salisbury, ... r land buria August 1h 24. FUNERAL DIRECTOR REC'D BY REGISTRAR 1 25b. RECISTRAR'S SIGNATURE **ADDRESS** HOLLOWAY & COMPANY, SALISEURY, MARYLAND VR A15 (4) 20M 1/65

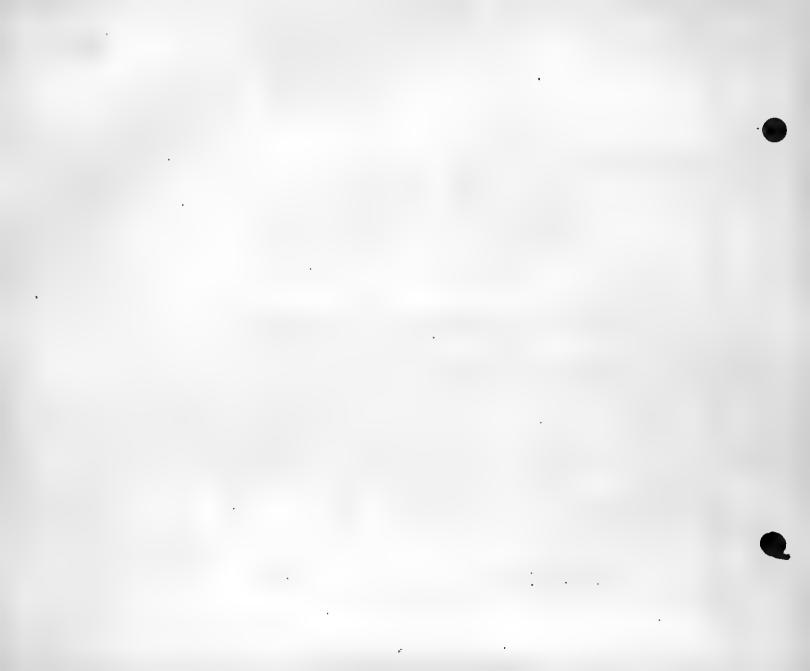




MARYLAND STATE DEPARTMENT OF HEALTH DIVISION\_OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 death, after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY and completely filled in by the semove Carbon papers. Pages 1 any event, within 72 hours after WICOMICO MARYLAND Virginia none b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) ALIS BURY Alexandria d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET AODRESS a. IS RESIDENCE ON A FARM? 2 NO Y 30nergL PITAL E. Hewell YES NAME OF First Middle DATE Month Day Year Last **OECEASED** (Type or print) 19 66 UNCET ORD DEATH 149457 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED last birthday) | Months | WIDOWED | DIVORCED [ 80 yrs. March 10a. USUAL OCCUPATION (Give kind of work done physiclan an please reval, and in 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT Ξ. during most of working life, even if retired) INDUSTRY COUNTRY? General Car Foreman
13. FATHER'S NAME R.F. & P. RR death certificate Delanlane Virginia MOTHER'S MAIDEN NAME II.S attending phy ermit. Then p n, or removal, Jehn Henry Lunce ford
15. WAS DECEASED EVER IN U.S. ARMED FORCES? Mary Levinia 16. SOCIAL SECURITY NO. INFORMANT Alex. (Yes, no. or unknwn) I (If yes give war or dates of service) ed by the att transit perm cremation, d 718-14-2993 Mary W. Lunceferd, 417 E. Hewell 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). ] INTERVAL BETWEEN been signed the the burial transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: io pardial IMMEDIATE CAUSE (a) DUE TO I daym Cenditions, If any, which gave rise to Immediate DUE TO cause (a), stating the prior undertying cause last. 33 (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY for use Health PERFORMED? certificate NO [ PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part t or Part 1) of Item 18.) tached f OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Day, Year 120e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) 뺭 factory, street, office bidg., etc.) Hour a.m. Not While ATTENDING at work 19 at work retained v 3 should with the 21. I certify that (I) (this hospital) attended the deceased from... and that death occurred at M. from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE 22b. DATE SIGNED 8 ATTENOING PHYS. STAFF DIRECTOR PHYS. pa FUNERAL O HOSPITAL PHYSICIAN'S 22d. ADDRESS director, p NAME (Type) NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City, town or county) (State) 23a. BURIAL, CREMATION 23b. DATE THEREOF REMOVAL (Specify) Ivy Hill Cemetery Alexandria Virginia 1946 burial ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Alexandria, v-Wheatley Funeral Home VR A15 (4) 20M 1/65



- The second	1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND
	- FOR	12040 CERTIFICATE OF DEATH 12037
	24 hours after death.  filled in by the funeral apers. Pages 1 and 2.  n 72 hours after death:	1. PLACE OF DEATH a. COUNTY a. STATE b. COUNTY b. COUNTY
	ter he f s 1 fter	Wicomico MARYLAND Vinginia Occomack
	hours after in by the first. Pages 1 hours after	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  write RURAL and give nearest town)  c. LENCTH OF STAY IN 1b  c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
	hour d In rs.	d. NAME OF HOSPITAL ORANSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE
	filler paper nin 72	Keninsula General Nospital new Cherch, Ira. VES NO DE
	the be executed within 24 hor hysician and completely filled lighters. In any event, within 72 h	3. NAME OF First Middle MarinerLast 4. DATE Month Day Year OF OF DECEASED (Type or print) MARGARef A MARINO DEATH AUGUST 5 1966
	composed com	5. SEX   6. COLOR OR RACE   7 MARRIED   XI NEVER MARRIED     8. DATE OF BIRTH   9. ACE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.
	xecut and c emov any e	TRAPLE White WIOWED DIVORCED // T// 19 yrs.
	be e	10a. USUAL OCCUPATION (Give kind of workdone during most of working life, even if retired)  10b. KINO OF BUSINESS OR USUAL OCCUPATION (Give kind of workdone life to the life of the life
	d program	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
(	nding phys Then pl removal,	John Watson Mary 6. Tharnton
	h ce itendi	15. WAS DECEASED EVER INU.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, bg., or unkown) (If yes give war or dates of service)
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	aw requires that the death certificate tending physician. The bus been signed by the attending physician the burial-transit permit. Then playior to burial, cremation, or removal,	PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a) CENERAL E M COL  INTERVAL BETWEEN ONSET AND DEATH  2 0 70
	that sicia sicia al-tra al, ci	Gooditions If any which ) DUE TO Ar Cerio Selevice Cardiovascular design 2 Un
	law requires that the attending physician. I has been signed by it as the burial-trans in prior to burial, creatively.	Conditions, If any, which gave rise to immediate (b) Wr Ulio Sellivole Carlleourescences 2 yr
	regult ding p been the by or to b	cause (a), stating the OUE TO
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	The I or at icate icate is use tealth	YES NO NO
	ING PHYSICIAN; The law requi to by the hospital or attending After this certificate has been be detached for use as the State Dept. of Health prior to	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIOUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a)  19. WAS AUTOPSY PERFORMED?  YES NO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CONTRIBUTION CONTRIBUTING CO
	PHYSI the h this detacl	20c. TIME OF INJURY Month, Oay, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)  While Not While at work at work at work
	oling P od by t After d be d s State	
	ATTENDING retained by ECTOR: After 8 should be with the Stat	21. I certify that (I) (this hospitel) ettended the deceased from \$\frac{1}{2} \tag{1966}, to \$\frac{3}{2} \tag{1966}, that (I) (this hospitel) ettended the deceased from \$\frac{1}{2} \tag{1966}, and that death occurred at \$\frac{1}{2} \tag{2} \tag{1966}, from the causes and on the date stated above.
	ATT reta ECTO S sh with	22a. SMANATURE // 22b. OATE SIGNEO
3	ITAL OR may be may be RAL DIRE 3 page 3 be filed w	STOTES A GENERAL M.D. ATTENDING MED. MED. DIRECTOR DIRECTOR PHYS.
	<b>₽</b> 4 □ 0 □	122c. PHYSICIAN'S () NAME (Type) H. Henning Peninsula General Hospital
	Page Page of FUN direct should	23a. BURIAL, CREMATION, 23b. QATE THEREOF / 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
		24. FUNERAL DIRECTOR FOR ADDRESS   25a. REC'O BY RECISTRAR 25b. RECISTRAR'S SIGNATURE
	VR #15 (4) 20M 1/65	For Formal Home Temperandeville Ita DATE AUG 10 1966 Johnster Judge -



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12038 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 12041 FOR STATE HEALTH DEPT. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission. PLACE OF DEATH o STATE Delaware p COUNTY p. COUNTY Wicomico Sussex Page State Department of MARYLAND delay b CITY DR TOWN (If outside corporate limits c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 16 Sall Sourv Frankford e IS RESIDENCE ON A FARM? d STREET ADDRESS d. NAME DE HOSPITAL OR INSTITUTION (If not in hospital, give street address) hours a ong with form Peninsula General Hosp. YES NO K 8. Give Pages be executed within 24 haurs after death 4 DATE 3. NAME OF M ddle First # E DECEASED FRANCES MASON 1966 DEATH (Type or print) IF UNDER 1 YEAR FUNDER 24 HRS B DATE OF BIRTH 9. AGE (In years S. SEX 6. CDLOR OR RACE 7 MARRIED NEVER MARRIED last birthdoy) Months Hours 3 6-10-1919 Col. Female WIDOWED D YORCED and 2 in pencil in Item 1 be farwarded to the Chief Medical Examiner's Office 12 C TIZEN OF WHAT 11 BIRTHPLACE (State or foreign country) 10o. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR COUNTRY 2 during most of work ng South Carolina pages in any 14. MOTHER S MAIDEN NAME 13 FATHER'S NAME Daniels Sadie Mills Fred File 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16 SOCIAL SECURITY NO. burial-fransit permit. (Yes, no, or unknown) (If yes give wor or dates of service) remaval, Mrs. Sadie Mills, Frankford, Del. pending" INTERVAL BETWEEN IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), on ONSET AND DEATH PART I. DEATH WAS CAUSED BY Б IMMEDIATE CAUSE (o) writing the ward s a burial-tra crematian, ( This certificate should us diffuse both lungs DUE TO Conditions, if only, which gove rise to immediate couse (a), DUE TO stoting the underlying couse SS WAS AUTOPS PERFORMED? nsed PART I OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) YES PC please execute the certificate, pe 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 11 of item 18) 20o EXTERNAL CAUSE WAS prior should PRIMARY I or CONTRIBUTING I 4 shauld JECAL EXAMINER: CAUSE OF DEATH 20e PLACE OF INJURY (Home, form, 20f (City or town) ((ounty) (Stote) 20d. INJURY OCCURRED 20c. TIME OF NauRY Month, Doy, Year factory, street, office bldg , etc.) Not While O FUNERAL DIRECTOR: Page ot work designated 21. I certify that I took charge of the remains described above, held an Autopsy X and in my apinion Inspection Inquiry . Undetermined monner director. death resulted from: Natural couses Accident . Suicide . Homicide CHIEF MEDICAL EXAMINER 22. DATE SIGNED **ACTUAL** ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY DEPUTY MEDICAL EXAMINER **EXAMINER'S** Health Address (Street, city, town, or county) NAME (Type) NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) BURIAL CREMATION DATE THEREOF REMOVAL (Specify) Antioch Cemetery Frankford Sussex. Burnal 250. REC D BY REGISTRAR 256 REGISTRAR'S SIGNATURE Frankford.Delaware 1966 VR A15ME (5) 5 6M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12042 12039 MEDICAL EXAMINER'S CERTIFICATE OF DEATH **FOR STATE** HEALTH DEPT. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) a. COUNTY o. STATE b. COUNTY Wicomico Maryland after deoth. Wicomico MARYLAND ond 3 1 b CTY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corparate im its, write RURA, and give nearest tawn) Salisbury Mardela Springs d NAME OF HOSPITAL OR NSTITUT ON (If not in hospital, give street address) d STREET ADDRESS S RESIDENCE De hours DOA Peninsula General Hospital Item 18 Give Pages ote YES NO 24 hours after death alang with 3 NAME OF Middle Lost 4 DATE Doy Year DECEASED the GEORGE W. MASSEY August L within , 19 66 (Type or print) DEATH S SFX 9. AGE (In years 1E UNDER I YEAR FUNDER 24 HRS 6 COLOR OR RACE 7 MARRIED 😿 NEVER MARR ED R DATE OF BIRTH lost birthday) Months Davs HOUES 1-31-07 White WIDOWED DIVORCED Male event Off.ce 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) 12 CIT ZEN OF WHAT COUNTRY during prost of working life, even if retired) INDUSTRY Delaware Farmina Exominer 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME This certificate should be executed within pencil Edwin T. Massey Bertha A. Morris 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCAL SECURITY NO 17 INFORMANT (Yes, no, or unknown) (If yes give war or dates of service) or removal. Mrs. Martha Massey. Mardela. Md. 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c)) INTERVA. BETWEEN burial-transit ONSET AND DEATH PART I DEATH WAS CAUSED BY Acute congestive heart failure IMMEDIATE CAUSE (a) e, writing the word forwarded to the Cf crematian, DUE TO Conditions, if only, which gove Arteriosclerotic cardio-vascular disease Years rise to immediate cause (a). DUE TO stoting the underlying couse o last. SO burial, 19 WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) NO Sc the certificote, Diabetes Mellitus YES 200 EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item IB) designoted ogent, prior PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. (City or lown) (Stote) 20c. TIME OF INJURY Month, Doy, Year 20d IN.JRY OCCURRED 20e PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.) DIRECTOR: Poge at work at work Inquiry X. 21. I certify that I took charge of the remains described above, held an Autapsy Inspection [3] and in my opinion for death resulted from Natural causes [Y] Accident Suicide the funerol director. Hamicide Undetermined manner be retoined CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER may be re FUNERAL I SIGNATURE TO DEPUTY Earl L. Royer, DEPUTY MEDICAL EXAMINER \* Heolth or August 5, 1966 NAME (Type) Address (Street, city, town, or county) 109 Camden Ave. Balisbury Md. 23b DATE THEREOF 23d LOCATION (City or Town) 50 Mardela. Wicomico, Riverton ADDRESS 24 FUNERAL DIRECTOR 2So REC D BY REGISTRAR 25b VR ATSME (ST Newman Funeral Home, Easton, Md.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND 20 CERTIFICATE OF DEATH funeral and 2 death. 24 hours after death. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY b. COUNTY a. STATE bon papers. Pages 1 within 72 hours after by the 0m10 MARYLANO b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) B UR 5 OCOMOKE .= filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE d. STREET AODRESS ON A FARM? MARKET NO 🔀 0 YES executed within completely carbon NAME OF First Middle DATE Month Oay Year Last 4. DECEASED event, (Type or print) DEATH MAULINE UGUST 196 SEX 6. COLOR OR RACE OATE OF BIRTH 9. AGE (In years ) IF UNOER 1 YEAR | IF UNDER 24 HRS. 7. MARRIED remove NEVER MARRIED [ last birthday) | Months | Days Hours | any and WIOOWED X DIVORCEO physician and physician and physician and physician and in ⊒.⊑ 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BERTHPEACE (County & State, or foreign country) during most of working life, even if retired) INDUSTRY COUNTRY? WORCESTER COUNTY. CLOTHING S. A. ALES CLERK MARYLAND
14. MOTHER'S MAIDEN NAME death certificate FATHER'S NAME 13. emova emova JUSTI ALEC MARY FOSTER been signed by the attending the burial-transit permit or to burial, cremation, or re-15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Address 17. (Yes, no, or unkown) (If yes give war or dates of service) OCOMOKE No 1135-A WILLIAM INTERVAL BETWEEN CAUSE OF CEATH [Enter only one cause per line for (a), (b), and (c).] PHYSICIAN: The law requires that the ONSET AND OEATH PART I, OEATH WAS CAUSED BY: SPITAL OR ATTENDING PHYSICIAN: The law requires that ti 4 may be retained by the hospital or attending physician. IMMEDIATE CAUSE (a) 6000 **OUE TO** 1 excerce Conditions, If any, which (b) gave rise to immediate **DUE TO** cause (a), stating the 6 certificate has the control of the c underlying cause last (c) WAS AUTOPSY CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? YES T NO & 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.) FUNERAL DIRECTOR: After this certi frector, page 3 should be detached f bould be filed with the State Dept. of MEDICAL 20d. INJURY OCCURRED 120e. PLACE OF INJURY (Home, farm, (County) (State) TIME OF INJURY Month, Day, Year 20f. (City or town) factory, street, office bldg., etc.) Hour a.m. While Not While p.m at work at work 21. I certify that (I) (this hospital) attended the deceased from 1900 and that death occurred at 45 M. from the causes and on the date stated above. saw the deceased alive or DATE SIGNED 22a, SIGNATURE 22b. ATTENOING MED. DIRECTOR STAFF PHYS. M.D. PHYS. O HOSPITAL PHYSICIAN'S 22d. **ADORESS** director, p should be 1 NAME (Type) E IR. m. J BURIAL, CREMATION,
REMOVAL (Specify) 23b. DATE THEREO NAME OF CEMETERY OR BRIMATORS LOCATION (City, town or county) (State) 23a. COPAL COMOKE Ю AODRESS REGISTRAR'S SIGNATURE FUNERAL DIRECTOR 25a. REC'D BY REGISTRAR 25b. A15 (4) 614 DATE 1/65



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 24 hours after death. PLACE OF OEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY ab b. COUNTY om 100 MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b OR/TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? completely fille ye carbon paper NO X executed within NAME OF Middle DATE Month Last DECEASED OF DEATH (Type or print) DINK Le 19 66. remove 1 any eve 5. SEX 6. COLOR OR RACE DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 7. MARRIED X NEVER MARRIED last birthday) | Months | Days Hours Jan. 25/1914 WIDOWED DIVORCED | .⊑ 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR physician in please rival, and in 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) during most of working tife, even if retired)

Owner - Taxi Co. death-certificate be INDUSTRY Taxi COUNTRY? Florida Bowling Green. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Margaret M.Altman Samuel C.Miller 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. R, Miller (Wife) R.D.#1 0 YES (1 yes give war or dates of service) .W.#IJ cremation, Rd ' Salisbury Maryland INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). been signer the burial-transit PART I. DEATH WAS CAUSED BY: 5 Min attending physician. IMMEDIATE CAUSE (a) DUE TO My ocandial In Factor Conditions, If any, which gave rise to Immediate DUE TO cause (a), stating prior underlying cause last. (c) 33 CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY for use Health PERFORMED? YES NO [ 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of item 18.) MEDICAL 2Dc. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120e, PLACE OF INJURY (Home, farm, 20f. (City or town) (State) (County) factory, street, office bldg., etc.) Hour a.m. Not While After at work p.m. at work to Au pinou 19 21. I certify that (I) (this hospital) attended the deceased from and that death occurred at 7:33 .M. from the causes and on the date stated above. saw the deceased-alive on. 22a. SIGNATURE 22b. DATE ATTENDING X page : DIRECTOR M.D. ADDRESS FUNERAL 22¢. PHYSICIAN'S 22d. director, p should be 1 Fruitland BURIAL, CREMATION, 23b, DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify)
Burial 2 Wicomico Memorial Park Salisbury Maryland REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR ADDRESS 196 COMPANY SALISBURY. MARYLAND & VR #15 (4) 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH Division of SIATISTICAL RESEARCH AND RECORDS 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 1204 y filled in by the funeral on papers. Pages 1 and 2 within 72 hours after death requires that the death certificate be executed within 24 hours after death 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before discussion) PLACE OF DEATH a. COUNTY o. STATE b. COUNTY Wicomico Maryland MARYLAND Somerset b. CITY OR TOWN (If outside corparate limits, write RURAL and give nearest town) c CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) C LENGTH OF STAY IN 16 Salisbury 12 Days Princess Anne d NAME OF HOSPITAL OR INSTITUT ON (If not in hospital, give street address) IS RESIDENCE ON A FARM? d. STREET ADDRESS Deer's Head State Hospital, Salisbury, Md. Crisfield Lane YES NO [ NAME OF Carron Middle Lost 4 DATE Month Dov DECEASED OF (Type or print) David DEATH Thomas Nicholds nave car ny event, IF UNDER 24 HRS IF UNDER I YEAR S SEX 6 COLOR OR RACE 7 MARRIED F 8 DATE OF BIRTH AGE (In years **NEVER MARRIED** Months birthday) Dovs Hours WIDOWED DIVORCED White JAN. 20. 1920 Male signed by the attending physician and burial-transit permit. Then please ref 10p USUA, OCC. PATION (Give kind of work done 10h KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) U.S. SCRANTON, PA. POULTRY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar removal. THOMAS D. NICHOLLS SARAH ANNE HUGHES 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, stunknawn) (If yes give war ar dates at service) MRS NAOMIE B. NICHOLLS PRINCESS ANNE, MD. INTERVAL BÉTWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gove rise to immediate cause (a), DHE TO stating the underlying couse has been lost. 19. WAS AUTOPS)
PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO I O FUNERAL DIRECTOR: After this certificate 20a ACCIDENT WAS UNDERLYING [ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm, (City or town) 20c TIME OF INJURY Month, Day, Year (County) (State) Hour om factory, street, affice bldg., etc.) ot wark be retained by 19<u>66</u> 10\_ 21. I certify that (1) (this haspital) attended the deceased fram. 873 8/15 . 19 66, that (1) (we) last 1966, and that death occurred at 6: 10 M, fram causes and an the date stated above saw the deceased alive an 22a, SIGNATURE 22b. DATE SIGNED MED. DIRECTOR STAFF PHYS. 8/16/66 M.D. 22c. PHYSICIAN'S 22d ADDRESS NAME (Type) C. H. Winnacott, M. D. Deer's Head State Hospital Salisbury Md. director, should 236. DATE THEREOF 23a BURIAL, CREMATION, 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State) 的特殊工作的组 8#18#1966 PRINCESS ANNE. MD. OLIVER T. BEECHWOOD CEM. 256 REGISTRAR'S SIGNATURE **ADDRESS** 24. FUNERAL DIRECTOR VR A15 (4) LEVIN R. WILSON PRINCESS ANNE. MD. DATE

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH hours after death. 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. CDUNTY b. COUNTY Wicomico a. SWaryland Wicomico MARYLAND b. CITY OR IDWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) papers. The 88 Delmar yrs 7 Ξ, Delmar d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET AODRESS e. IS RESIDENCE filled DN A FARM? 420 E.State 420 E.State St. hin ND X completely i executed within 3. NAME OF First Middle Month **DECEASED** 1966 (Type or print) DEATH Aug. ENOLA MATE SEY 6. COLOR OR RACE DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIEO [ So Months any Female White 1877 WIDOWEO X Aug. 26. OIVORCED [ 10a. USUAL OCCUPATION (GIVe kind of work done) = 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT certificate be during most of working life, even if retired) INDUSTRY Delmar. Md. At Home removal. 13. FATHER'S NAME 14. MOTHER'S MAJOEN NAME Burton LeCates Letitia Hearn 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SDCIAL SECURITY ND. 17. INFORMANT been signed by the atten the burial-transit permit. or to burial, cremation, or death (Yes, no, or unkown) I (If yes Dive war or dates of service) Lillian Bryant, Delmar, Md. INTERVAL BETWEEN CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] DNSET AND CEATH à PART I. CEATH WAS CAUSED BY: the hospital or attending physician. IMMEDIATE CAUSE (a OUE TO Conditions, if any, which (b) gave rise to immediate OUE TO this certificate has bee detached for use as the e Dept, of Health prior to cause (a), stating the underlying cause last. (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY for use Health PERFORMEO? NO F YES [ 20a. ACCIDENT WAS UNDERCYING I OESCRIBE HOW INJURY OCCURREO, (Enter nature of injury in Part I or Part II of Hem 18.) detached for the Dept. of 1 DR CONTRIBUTING | CAUSE OF OFATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year factory, street, office bidg., etc.) Hour a.m. Not While After d be d OR ATTENDING I at work at work Page 4 may be recommended to the state of th 19.60 to , that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from 2 19 66, and that death occurred at bloff, from the causes and on the date stated above. saw the deceased alive on 22b. DATE SIGNED 22a. SIGNATURE 8-10-66 ATTENOING STAFF PHYS. M.O. PHYS OIRECTOR 22d. AOORESS PHYSICIAN'S NAME (Type) M.Larmore Delmar. Ernest Del. 23d. LOCATION (City, town or county) BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (State) 8-12-66 Delmar, Del. GISTRAR | 25b. REGISTRAR'S SIGNATURE Burial St. Stephens 24. FUNERAL DIRECTOR REC'D BY REGISTRAR ADORESS Charles W. Marvel, Delmar, Del. VR A15 (4) 1966 15M 4-64



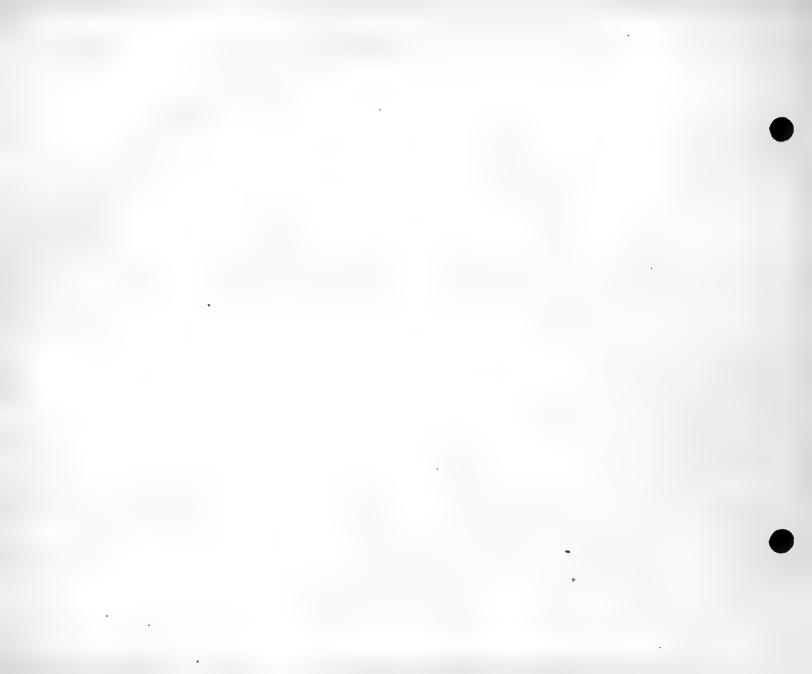
*	1(	VE,	MARYLAND STATE DEPARTMENT OF HEALTH  DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND			
	्र के कि	-	CERTIFICATE OF DEATH			
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	nours after in by the s. Pages 1	s	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) write, RURAL and give nearest town)			
	ours in "	更	Salisbury Ocean City			
	24 h	event, within 72 ho	ANAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  d. STREET ADDRESS  ON A FARM?  YES X NO   ON OF THE PROPERTY OF TH			
	hin ely	ŧ.	Teninsula (peneral Hospila)   Yes X No    3. NAME DF DECEASED			
	rted within completely ve carbon p	·	(Type or print) Hermine LILLIAN PRICE DEATH AUGUST 8 1966			
	com com	eve	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years   Funder 1 Year   Funder 24 Hrs.			
	executed and con remove	апу	remare [Vegno   WIDOWED] DIVORCED   FER 4.1909 57 yrs.			
	leath certificate be ex attending physician a ermit. Then please re	and in	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?			
	te b	E E	HOUSEWIFE OWN HOME DAMBERG SC.   US A			
	fical fical physical fical	Na -	13. FATHER'S NAME			
	erti ding	<b>F</b>	LARENCE MC MILLAN CARRIE SMITH  15. WAS DECEASED EVER INU.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT  Address			
	the c	7	(Tes, (to 4, or unxown)   (Affect of the war or dates of service)			
	dea le a perr	no.	MO INO 05!-18-9155 MR. JAMES PLICE WEGAN (ITY I'D			
	The law requires that the death certificate be executed within or attending physician. Sate has been signed by the attending physician and completely use as the Inial-transit permit. Then please remove carbon is	imat imat	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).]  PART I. OEATH WAS CAUSED BY:  ONSET AND DEATH  ONSET AND DEATH			
	at t Sian. Sian. Sid b	, E	IMMEDIATE CAUSE (a) Collection Herionical Tacif			
	s th nysic nigne	ii l	Conditions If any which )			
	uire g pi	ᅙ	Conditions, If any, which gave rise to immediate (b)			
	aprilie a state	5	cause (a), stating the OUE TO underlying cause last.			
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	or a ste	돌 시	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)   19. WAS AUTOPSY PERFORMED?   YES   NO   YES   NO   NO   YES   NO   YES   NO   NO   YES   NO   YES   Y			
	tific al	第	20a. ACCIDENT WAS UNDERLYING     20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)			
	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death can be may be retained by the hospital or attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending of the contract of the can be as the main transit permit.	t. o				
	the this leta	9	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)			
	NG by the fitter	itat	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, Hour a.m. While at work at work at work			
	OR ATTENDING by the retained by SIRECTOR: After SECTOR: After SECTOR SEC	윤	21. I certify that (I) (this hospital) attended the deceased from 8-7, 1966, to 8-8, 1966 that (I) two) last			
	etai STOR	<b>垂</b>	saw the deceased alive on 19 (and that death occurred at 7 AM, from the causes and on the date stated above.			
	DR A	Αp	22a. SIGNATURE  ATTENOING MEO. STAFF STAFF			
	AL (		22c. PHYSICIAN'S  ATTENDING MEO. OIRECTOR PHYS.   8 - 8 - 66			
	SPIT 4 H	20 /	NAME (Type)			
	O HOSPITAL Page 4 may D FUNERAL I	finor '	23a. BURIAL CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETERY OR-CREMATORY   23d. LOCATION (City, town or county) (State)			
	5 5	S	REMOVAL (Specify) 8 11 66 ST. PAULS (EXECUTED BEAULD IVID			
		0	24. FUNERAL DIRECTOR ADDRESS   25a. REGID BY REGISTRAR   25b. REGISTRAR'S SIGNATURE			
	VR A15 (4		Dura P. Butage Bulu Ind. DATE AUG 12 1966 Johnster Judge			
	20M 1/6	, 7)				



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12048 CERTIFICATE OF DEATH death. requires that the death certificate be executed within 24 haurs after death. and campletely filled in by the funeral remaye carbon papers. Pages I and in any event, within 72 haurs after death 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission o. COUNTY o. STATE **b.** COUNTY Wacomico MARYLAND Maryland C LENGTH OF STAY IN 16 b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUT ON (If not in hospital, give street oddress) Crisfield A STREET ADDRESS IS RESIDENCE ON A FARM? Pine Bluff State Hospital YES NO W 120 N. Somerset Avenue 3 NAME OF Middle 4 DATE DECEASED Ralph Riggin DEATH (Type or print) August 2] AGE (In years lost birthday) 6 COLOR OR RACE White B. DATE OF BIRTH S SEX 7 MARRIED NEVER MARRIED Months Male Days WIDOWED D-VORCED. March 21.1877 89 10a LSJAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 1) BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT please during most of working life, even if retired)
Seafood Dealer INDUSTRY COUNTRY? Somerset Co., Maryland U.S.A.
14 MOTHER'S MAIDEN NAME Seafood 13 FATHER'S NAME Thomas Riggin Mary Riggin 15 WAS DECEASED EVER IN . 5 ARMED FORCES?
(Yes, no, or unknown) (If yes give wor or dates of service) 16. SOCIAL SECURITY NO Records of Pine Bluff No 219-34-3307 State Hospital, Salisbury, INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c) ) signed by the burial-transit p PART I DEATH WAS CAUSED BY. Pulmonary Tuberculosis IMMEDIATE CAUSE (o) \_ DUE TO Conditions, if ony, which gove nse to immediate couse (a), DUE TO stating the underlying couse TO FUNERAL DIRECTOR: After this certificate has been Ħe 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO 🔽 senile degeneration Po 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20o ACCIDENT WAS UNDERLYING [ detached for the Dept of H OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) 20c. TIME OF INJURY Month, Doy, Year 2Dd INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (County) (State) Not While factory, street, office bldg , etc.) of work of work 21 | certify that (K (this hospital) attended the deceased from Aug. 5, 19 66, to Aug. 21 19 66 that N (we) lost saw the deceased alive an Aug. 21 19 66, and that death occurred at 11 PM, fram causes and an the date stated above. be retained director, page 3 shauld should be filed with the 220 SIGNATURE 22b. DATE SIGNED PHYS. DIRECTOR State Hospital M.D. 22d. ADDRESS Pine Bluff 22c. PHYSICIAN'S NAME (Type) E. P. Ritchings, M.D. Salisbury, Maryland-21801 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City of Town) 23b. DATE THEREOF 230 BURIAL CREMATION. (County) BWOAT 256(IA) 8/24/1966 Sunnyridge Hopewellm Somerset, Md. 25b. REGISTRAR'S SIGNATURE **ADDRESS** 25a, REC'D BY REGISTRAR FUNERAL DIRECTOR Minutes Judge DATE AUG 1966 Crisfield, Md.



1 (54)	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE	12049 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 12046
HEALTH DEPT. 의유병 등년	1 PLACE OF DEATH a. COUNTY b. COUNTY  MARYLAND  2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) b. COUNTY  MARYLAND
cary delay is 2, and 3 to PM3 Poge eportment of after death.	b CITY OR TOWN (If outside corporate limits, c. ENGTH OF STAY IN 1b c CITY OR TOWN (If consider corporate mits write RURAL and give nearest town)
th If City delay ges 1, 2, and 3 n form PM3 Por out Department	d NAME OF HOSP TAL OR INSTITUT ON (If not in hosp tol, give street address)  GENINSALA GENERAL HOSPITAL  GENINSALA GENERAL HOSPITAL  VES DING
Pages th fo	3 NAME OF First Middle H, Lost 4. DATE Month Day Year
MINER: This certificate should be executed within 24 hours after death. If the certificate, writing the word "pending" in pencil in Item 18 Give Pages 1, 4 should be forworded to the Chief Medical Examiner's Office along with form in Itles.  In tiles.  e 3 should be used as a buriol-transit permit. File pages land 2 with the State Degent, prior to buriar, cremation, or removal, and in any event within 22 hours.	SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 8 DATE OF BIRTH 9 AGE (In years IF UNDER I YEAR FUNDER 24 HRS.  13 19 66  15 SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 8 DATE OF BIRTH 9 AGE (In years IF UNDER I YEAR FUNDER 24 HRS.  14 PROPERTY MARRIED NEVER MARRIED 10 NEVER MARRIE
thours of them 18 office a 1 and 2 w	WIDOWED DIVORCED DIVORCED AND A PRINCIPLE OF A PRIN
within 24 the pencil in lit commer's O commer's O le poges Ical in any e	during most of working Fe, even if retired)  13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME
s w thin n pencil Examın File pog ond ın	Joseph Jackey J. Dorotky Whiffle 19 WAS DECEASED EVER IN US ABMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address A
e executed pending in the following in the following in the following is a second of the following in the following in the following is a second of the following in the following in the following is a second of the following in the following in the following is a second of the following in the following in the following is a second of the following in the following in the following is a second of the following in the following is a second of the following in the following in the following is a second of the following in the following in the following is a second of the following in the following is a second of the following in the following in the following is a second of the following in the following in the following is a second of the following in the following in the following is a second of the following in the following is a second of the following in the following in the following is a second of the following in the following in the following is a second of the following in the following in the following is a second of the following in the following in the following is a second of the following in the following in the following is a second of the following in the following in the following is a second of the following in the following in the following is a second of the following in the following in the following is a second of the following in the follo	(res, na, or unknown) (If yeshave wor or dates of service) 111-38-6928 and Lonce Dover, St.
be ex pend hief M onsit p	1B. CAUSE OF DEATH (Enter only one couse per line for (o) (b), and (c).)  PART 1. DEATH WAS CAUSED BY  MMEDIATE CAUSE (a)  Tracefure Shull  MMEDIATE CAUSE (a)
ate should be e g the word "per id to the Chief? o buriol-transit cremation, or re	Canditions, if any, which gave (b)
ert.ficate should writing the word worded to the CF sed os a buriol-tre urrar, cremation,	stating the underlying cause (c) (c)
This cert.frate should be executed cate, writing the word "pending" in be forworded to the Chief Medical E be used as a buriol-transit permit. Fire buriar, cremation, or removal, o	PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)  19 WAS AUTOPSY PERFORMED? YES NO
NER: This certificate, hould be fould be fould be fould be found in the second in the prior to be up to the fould be up to the	PERFORMED?  YES NO   200 EXTERNAL CAUSE WAS PRIMARY A OF CONTRIBUTING CAUSE WAS CAUSE OF DEATH  CAUSE OF DEATH  COURTED (Enter noture of njury in Port or Port It of Item 1B.)
LEDICAL EXAMINER: T ease execute the certifical rector Page 4 should b oined for your files. IRECTOR: Page 3 should designated agent, pr.or	20c TIME OF INJURY Manth Day, Year 20d IN. JRY OCCURRED 20e PLACE OF INJURY (Home form, 20f (Cuy or town), (Caunty) (State)
execute or Poge of for you	21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry . and in my apinian
sse ex ector ined f	death resulted fram Natural causes, Accident 🔀, Suicide, Homicide, Undetermined manner
y, please rol directi e retoine AL DIREC	ACTUAL SIGNATURE TURBLE TO ASSISTANT MEDICAL EXAMINER 22. DATE SIGNED
necessary, please execute the the funeral director Page 4 si 5 may be retained for your fi 10 FUNERAL DIRECTOR: Page 3 Health or its designated agen	EXAMINER'S NAME (Type)  Address (Street, city, town or county)  230 BUR AL, GREMAT ON 23b DATE THEREOF 23c, NAME OF CHMETERY OF CREMATORY 23d, OCATION (City or Town) (County) (Stote)
<b>6</b>	Builded 8-18-66 mt, olive Jonawanda n.y
VR A15ME (5) 6M 1/66	William Stokan & Gokan & Gorgetown Webate AVG 29 1966 golden a
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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12050 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death. physician and campletely filled in by the funeral nen please remaye carban papers. Pages 1 and aval, and in anyevent, within 72 hours after defi PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) a COUNTY o. STATE Maryland b. COUNTY Wicomico Caroline MARYLAND b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 15 c CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) Preston 33 days Salisbury d NAME OF HOSPITA. OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? Deer's Head State Hospital YES NO 🔼 NAME OF Middle First Lost 4. DATE Month Dov Year DECEASED Ruth Amelia Schmick Aug. 19 66 (Type or print) DEATH IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE DATE OF BIRTH 9. AGE ( n years 7 MARRIED NEVER MARRIED last birthday) Manths July 21, 1895 Haurs **⊿**Female White WIDOWED DIVORCED 10a USJAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & State or fareign country) 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? Accident, Maryland 14. MOTHER'S MAIDEN NAME 13 FATHER'S NAME ar removal, Gustav Goehringer Anna Giessmann 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT Address (Yes, na, ar unknown) (If yes give war or dates af service) 218-10-8993 Lawrence Schmick, Preston, Maryland signed by the c 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c))
PART I. DEATH WAS CAUSED BY. INTERVAL BETWEEN ONSET AND DEATH Acute coronary thrembosis IMMEDIATE CAUSE (a). DUF TO Hypertensive arteriosclerotic cardiovascular Years Conditions, if any, which gave rise ta immediate cause (a). disease **DUE TO** stating the underlying couse has been the PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? Old fracture, right hip - surgical reduction NO Sci TO FUNERAL DIRECTOR: After this certificate ā 20g ACCIDENT WAS UNDERLYING □ 20b DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Manth, Day, Year 2Dd INJURY OCCURRED 2Ds PLACE OF INJURY (Hame, form, (City or town) (County) (Stote) Hour a.m. Not While factory, street, office bldg, etc.) at wark at work 21. I certify that III (this haspital) attended the deceased fram. , 19<u>66</u>, ta <u>Aug. 13</u>, 19<u>66</u>, thatXIII (we) last saw the deceased alive an Aur. 13 \_\_\_\_1966 , and that death accurred at M, from causes and on the date stated above. 22a SIGNATURE 22b. DATE SIGNED TO HOSPITAL OR 8/13/66 M.D. DIRECTOR PHYS. director, page shauld be filed 22d ADDRESS 22c. PHYSICIAN'S Deer's "ead Hospital; Salisbury, Md. NAME (Type) Charles H. Winnacott, M.D. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b DATE THEREOF 23a. BURIAL, CREMATION, (State) Aug. 16,1966 Junior Order Cemetery Preston, Maryland J. Framptom and Son, Federalsburg, Maryland DATE 18 1966 24. FUNERAL DIRECTOR lianless VR A15 (4) 20 M 1/66

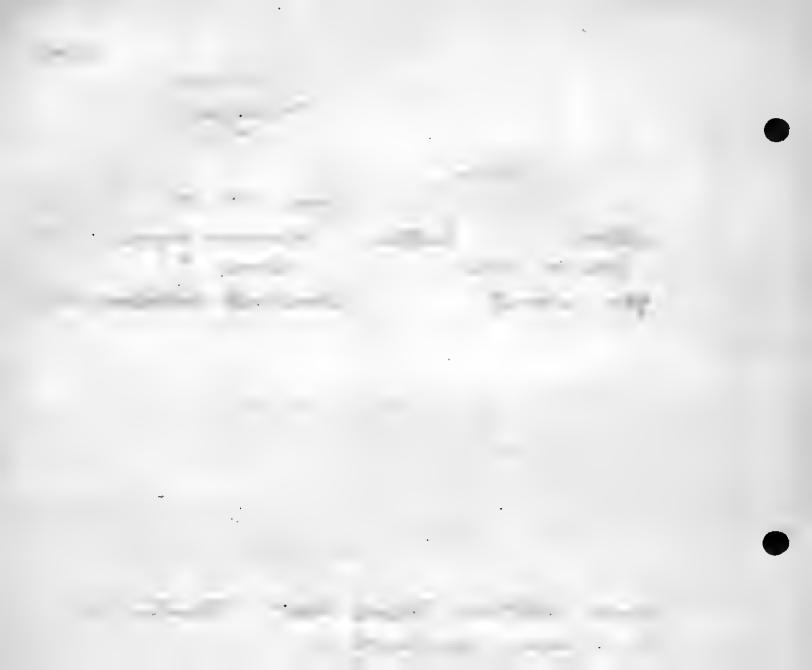
MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF OEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission, a. COUNTY b. COUNTY WICO Maryland Somerset m MARYLAND b. CITY OR TOWN (if outside corporate limits, C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) filled in by papers. Page in 72 hours write RURAL and give nearest town) 24 hours days Tylerton d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET AOORESS e. IS RESIDENCE ON A FARM? HUSSITAL Rural NO X YES remove carbon on any event, with executed within NAME OF 3. Middle Last OATE Month Day DECEASED L. (Type or print) 7 DEATH August 19 SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years LIFUNDER 1 YEAR IIF UNDER 24 HRS 9. 7. MARRIED NEVER MARRIED 70 last birthday) Months Hours | May 1, 1887 em A/ e WIOOWEO IK physician an please reval, and in .⊆ 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR 11, BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT death certificate be INDUSTRY COUNTRY? USA Crisfield. Md. Housewife None 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William Landon Julia Charnick 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) | (If yes give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address the attenit transit perm cremation, Mr. Jerome Smith, Same as 2. abcd No None None 18. CAUSE OF DEATH [ Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN been signed by t the burial-transit or to burial, crema ONSET AND DEATH PART I. DEATH WAS CAUSED BY: PHYSICIAN: The faw requires that to the hospital or attending physician. IMMEDIATE CAUSE (a) 7 X (1 1 OUE TO Conditions, If any, which gave rise to immediate has been as the t OHE TO cause (a), stating the underlying cause last. (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) this certificate hadetached for use a Dept. of Health p WAS AUTOPSY PERFORMEO? YES NO I 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. OESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part | or Part || of Item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm. DIRECTOR: After this age 3 should be detailed with the State De 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While - Not While at work p.m. at work 21. I certify that (V (this hospital) attended the deceased from 19 5 4, that (I) (we) last , and that death occurred at 30. M, from the causes and on the date stated above. 19 ₺ saw the deceased alive-on. 22a. SIGNATURE 22b. OATE SIGNED ATTENOING MED. OIRECTOR STAFF Page 4 may b PHYS. M.D. PHYS. E = TO FUNERAL director, pa should be fil PHYSICIAN'S 22c. 22d. ADDRESS NAME (Type) Nevin W. Todd. Salisbury. Md. BURIAL CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) Burial 23, 1966 Tylerton Cemetery Tylerton, Md. 24. FUNERAL DIRECTOR AOORESS REC'O BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE Marley 1966 Bradshaw & Sons, Crisfield, Md. VR #15 (4) 20M 1/65



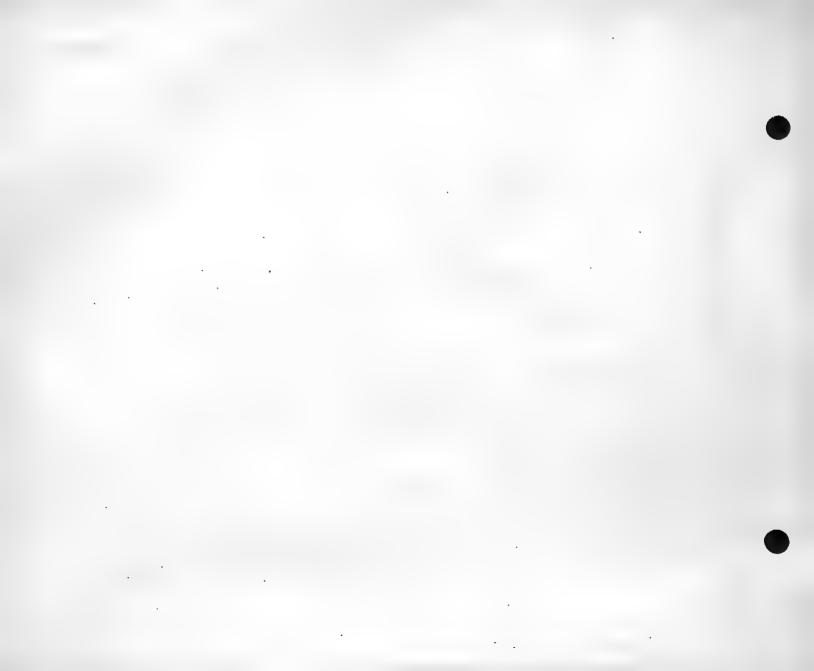
_	MARYLAND STATE DEPARTMENT OF HEALTH  DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, M	ADVIAND
N all	12052 CERTIFICATE OF DEATH	4 D o A o
r death	PLACE OF DEATH a. COUNTY  2. USUAL RESIDENCE (Where deceased lived, If institution: Re	idence before admission)
ter 1	WICOMICO MARYLAND B. STATE DOLLA LILLE D. GOUNTY	
please remove carbon papers. Pages 1 send in any event, within 72 hours after	b. CITY OR TOWN (if outside corporate limits, write RURAL write RURAL and give nearest town)  c. LENGTH OF STAY IN 1b  c. CITY OR TOWN (if outside corporate limits, write RURAL)	and give nearest town)
_	SALIS DURY MU Valena	
1 .	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
	TENINSULA GUIVERAL HUSpotal 1	YES NO P
1	B. NAME OF BECKASED First Middle Last 4. DATE Month OF CTYPE OF PRINT OF CTYPE OF PRINT OF CTYPE OF PRINT OF CTYPE OF PRINT OF CTYPE OF CT	Day Year
-	0111111	7 1966 YEAR IF UNDER 24 HRS.
	male Mccco windows Divorce Divorce 14 1918 (ast birthday) Months	Days Hours Min.
1		TIZEN OF WHAT
ı l'	uring most of working life, even if retired) INDUSTRY	UNTRY?
	3. MTHER'S NAME 14. MOTHER'S MAIDEN NAME	
	John H. Smith Bessie "	
	15. WAS DECEASED EVER IN U.S. ARMED FORGES?   16. SOGIAL SECURITY NO.   17. INFORMANT Address Yes, no, or whkown)   (If yes give war or dates of service)	0 0
1_	yes want Ching Smith - millshows	well-
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
	IMMEDIATE GAUSE (a)	Sto Low.
	Genditions, If any, which	VPC.
	gave rise to Immediate ((a)	
	cause (a), stating the ( DUE TO ) underlying cause last. (c)	
18	PART II. OTHER SIGNIFIGANT GONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE GONDITION GIVEN IN PART 1(2)	19. WAS AUTOPSY PERFORMED?
	Divert hypertensur vascular alesente	YES NO
ROTTAGISTICA	20a. AGGIDENT WAS UNDERLYING   20b. DESGRIBE HOW INJURY OGGURRED. (Enter nature of injury in Part I or Part II of Item 18.) OR GONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
ĭ		
1001011	S 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCGURRED 20e. PLACE OF INJURY (Home, farm, 20f. (Gity or town) (Gount Bour a.m. While Not While factory, street, office bldg., etc.)	ty) (State)
	21. I gertify that (1) (this hospital) attended the deceased from 8-25, 1966, to 8-27, 1966 saw the deceased alive on 1966, and that death occurred at 80 M, from the causes and on the	≥, that (I)-(we)-last
	22a. SIGNATURE	TE SIGNED
ı	M.D. ATTENDING MED. STAFF PHYS.	
,	22c. PHYSIGIAN'S NAME (Type) 22d. ADDRESS	
1		
	33. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR GREMATORY 23d. LOCATION (City, town or cour	ity) (State)
-	24. AUNERAL DIRECTOR)  ADDRESS  1 25a. REGISTRAR   25b. R	SIGNATURE
	Somuel Agree 4 04) Cherch UG- DATE SEP 1 1966 Pelia	1 0
1	The formal hand on a series of I loop to	1 0 -



1 1 N		MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND TO THE MEDICAL CERTIFICATE OF DEATH
death.	<u>=</u>	PLACE DF DEATH ,   2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
after death	_	WICOMICO MARYLAND Delgizare DUSSEN
N 200		b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town)
24 hours filled in by papers. Papers. Papers.		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?
hin 2	3.	NAME DF First Middle Last 4. DATE Month Day Year
ited within completely we carbon with		(Type or print) Le Muel Spence DEATH August 60 1966
executed within and completely remove carbon in any event, with	5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (in years   IF UNDER 1 YEAR   IF UNDER 24 HRS.   Isak birthday) Months Days Hours Min.
	10:	a. USUAL OCCUPATION (Give kind of work done in Divorce)  10b. KIND OF BUSINESS OR II. BIRTHPLACE (County & State, or foreign country)  12. CITIZEN OF WHAT COUNTRY  Delaware
nte bo vysicii pleas I, and	ŀ	Delaware USA 14. MOTHER'S NAME
certificate iding phy Then pl	1	Walter Spence Emma Scott
that the death certificate be estion.  Sician.  The by the attending physician altransit permit. Then please altremation, or removal, and in	15 (Y	S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address es, no, or unknown) (If yes give war or dates of service)
the a	=	1 18. CANSE DE DEATH (Enter only one cause per line for (a) (b) and (c) 1
at the an. d by ransii		PART I. DEATH WAS CAUSED BY: META STATIC CARRINGER OF MANY ONSET AND DEATH
ss the hysici signe urial-t		Cenditions, If any, which \ Conditions
equire ling p poeen the bu		gave rise to immediate cause (a), stating the DUE TO
law r ttend has b as t prior	8	underlying cause last. ) (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a) 19. WAS AUTOPSY
The lor a cate ir use lealth	ERTIFICATION	YES NO N
PHYSICIAN: the hospita this certifi detached fo e Dept. of h	CERTI	20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.) OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
CO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death of Page 4 may be retained by the hospital or attending physician.  OF UNERAL DIRECTOR: After this certificate has been signed by the attending page 3 should be detached for use as the burial-transit permitshould be filed with the State Dept. of Health prior to burial, cremation, or	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, Pour a.m. While at work at
ENDIN ined IR: At ould I		21. I certify that (I) (this hospital) attended the deceased from 1966, to 40, to 40, to 40, that (I) (we) last saw the deceased alive on 40, that (I) (we) last saw the deceased alive on 40, from the causes and on the date stated above.
A ATT Sereta 3 se with		22a. SIGNATURE 22b DATE SIGNED
TAL OF TAL DISPERSE PAGE		22c. PHYSICIAN'S M.D. ATTENDING MED. DIRECTOR STAFF PHYS.   SUBJECTOR PHYS.   STAFF PH
D HOSPITAL Page 4 may FUNERAL Funector, pa	_	Hubrey C. SMOOT AHISBUTY, MIC
Par Par Fire Sho	23	REMOVAL (Specify)  Burial   Aug. 10, 1966 Odd Fellows Cemetery, Camden. Delaware
VD 415 /41	12	ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
VR A15 (4) 20M 1/65	2	Wil Xiano Next M helpord less Date AUG 15 1966 fellantes Judge



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 24 hours after death, USUAL RESIDENCE (Where deceased lived, If institutions Residence before admission) and PLACE OF DEATH a. COUNTY, b. COUNTY after the MARYI AND b. CITY OR TOWN (if outside corporate limits. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENCTH OF STAY IN 1b grite RURAL and give nearest town) bon papers. Pag within 72 hours Mount Pleasent Ξ. LISBURY d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO PHYSICIAN: The law requires that the death certificate be executed within completely carbon NAME OF First Middle Month Last DATE Day Year DECEASED event, (Type or print) DEATH 20 19 SEX AGE (In years | IFUNDER 1 YEAR | IFUNDER 24 HRS. last birthday) | Months | Days | Hours | Min. and con 6. COLOR OR RACE DATE OF BIRTH 7. MARRIED NEVER MARRIED any 1904 WIDOWED DIVORCED [ tten ing physician a nft. Then please re or removal, and in 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR <u>=</u> 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) INDUSTRY FATHER'S NAME MOTHER'S MAIDEN NAME C80 15. WAS DECEASED EVER INU.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address INFORMAN (Yes, no. or unkown) (If yes give war or dates of service) been signed by the attention the burial transit permit or to burial, cremation, be INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), ONSET AND DEATH PART I. DEATH WAS CAUSED BY: the hospital or attending physician. IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which (b) gave rise to Immediate DUE TO cause (a), stating as th underlying cause last. (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a) WAS AUTOPSY for use Health PERFORMED? certificate NO ID YES [ DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part | or Part |) of Item 18.) 20a. ACCIDENT WAS UNDERLYING [ r this certifi detached fo te Dept. of § OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (State) 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc.) Hour e After a.m. While Not While Stat ATTENDING retained by at work at work 1966 should ith the 8-20 1966, that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from DIRECTOR: age 3 should lied with the 19 66 and that death occurred at 91. M, from the causes and on the date stated above. saw the deceased alive on SICNATURE 22b. 22a. be ATTENDING PHYS. STAFF director, page should be filed V DIRECTOR PHYS. M.D. Page 4 may PHYSICIAN 22d. **ADDRESS** FUNERAL 22c. (State) BURIAL, CREMATION. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23bb REMOVAL (Specify) 2 REGISTRAR'S SIGNATURE REC'D 25b. FUNERAL DIRECTOR ADDRESS VR A15 (4) 20M 1/65



1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND STATE OF DEATH	LAND (15.9)
24 hours after death. filled in by the funeral apers. Pages 1 and 2 n 72 hours after death.	1. PLACE OF DEATH  1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence and County)  3. STATE OF DEATH 4. COUNTY 4. COUNTY 5. COUNTY 6. COUNTY	before admission)
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ING PHYS I by the h Affer this be detac State Dep	20c. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or fown) (County) factory, street, office bldg., etc.)  While Not While at work at work	(State)
		at (I) (we) last
OR ATTENDIN be retained b DIRECTOR: Aff ge 3 should b ed with the Si	saw the deceased alive on 8 20 19 00, and that death) occurred at 0 AM, from the causes and on the date	
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AL CALL DIAN IN DARK	TREED R. COLOR M.O. ATTENDING MEO. STAFF 8 20  22c. PHYSICIAN'S NAME (Type) CO. F. 1 S. O. 22d. ADDRESS  NAME (Type) CO. F. O. F. O. C.	146
TO HOSPITAL OR ATTEND Page 4 may be retained To FUNERAL DIRECTOR. A director, page 3 should should be filed with the	Ter Die Tipsk Lambaran denscon	HOSP!
To Take of the second s	BURIAL, CREMATION, 23b. OATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 22c. LOCATION (City, town or county)  23. DUNEAL DIRECTOR 23c. NAME OF CEMETERY OR CREMATORY 22c. LOCATION (City, town or county)  24. DUNEAL DIRECTOR 25b. REGISTRAR'S SUN	(State)
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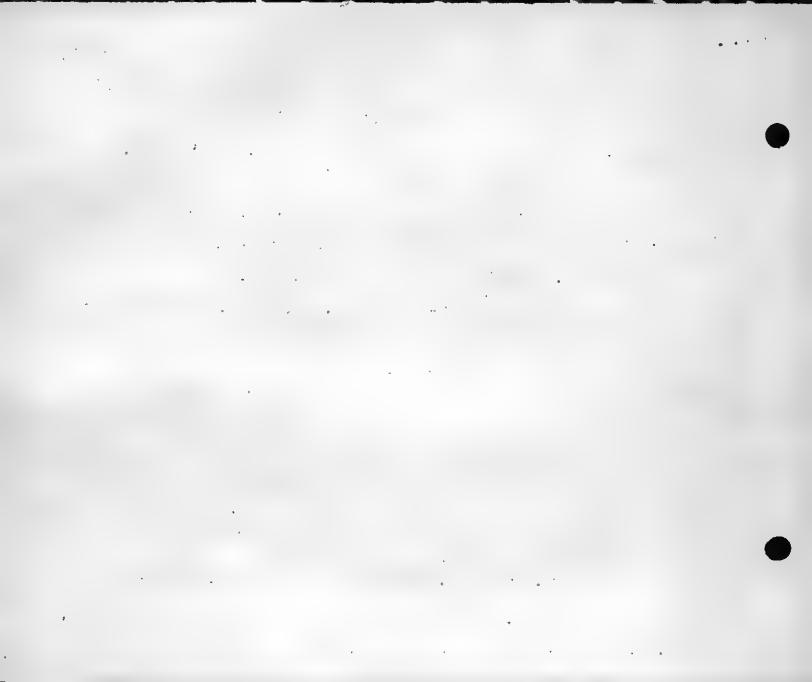
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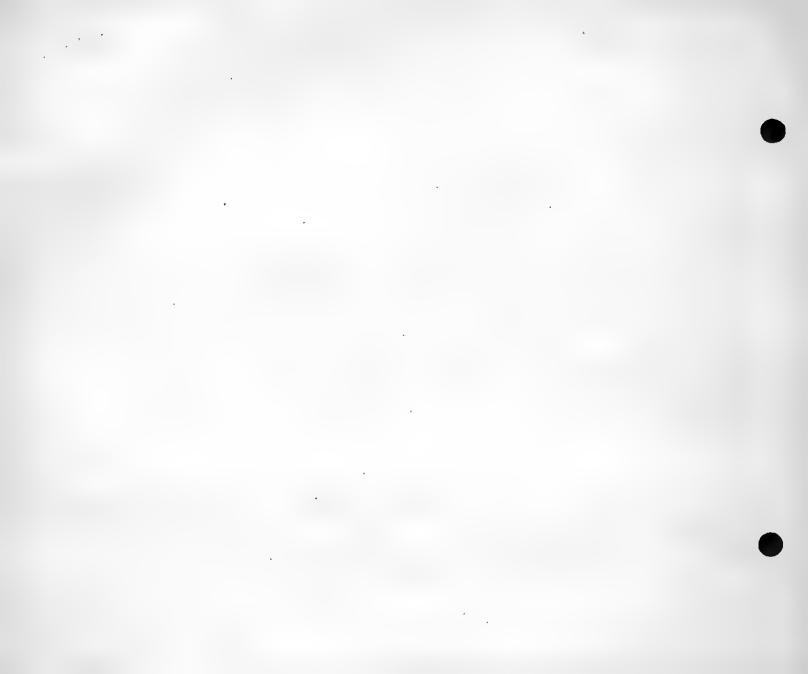
	1	(M)	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
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	24 hours after death, filled in by the funeral	leath	1. PLACE OF DEATH     2 USUAL RESIDENCE (Where decreased lived, If institution: Residence before admission)
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	ed	Şeri Ç	(Type or print)  A R R R PRINT   HOMAS   DEATH   HUGUST   19/, 6  5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   8. DATE OF BIRTH   9. AGE (In years   IFUNDER 1 YEAR   IFUNDER 24 HRS.
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	हैं हैं	, sal ,	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
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	PHYSICIAN: The law requires that the death ce the hospital or attending physician. this certificate has been signed by the attend	mat	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART 1. DEATH WAS CAUSED BY:  ONSET AND DEATH
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	L OR ATTENI y be retaine DIRECTOR:	s snown with the	21. I certify that (I) (this hospital) attended the deceased from
	AT ret	× ±± ×	22a. SIGNATURE 22b. DATE SIGNED
		paris of the same	TOURS WITH THE THE M.D. ATTENDING DIRECTOR PHYS.
	PITAL 4 may ERAL	be i	22c. PHYSICIAN'S NAME (Type)  22d. ADDRESS
	TO HOSPITAL Page 4 may TO FUNERAL E	should be filed v	23a. BURIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETERY OR CREMATORY   23d. LOCATION (City, town or county) (State)
	5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	8 45 1	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)  REMOVAL (Specify) 8-11-1966 WI COMICO MEM, PACK SALISBURY Md.
		B	24. FUNERAL DIRECTOR ADDRESS   25a. REC'D BY REGISTRAR   25b. REGISTRAR'S SIGNATURE
	VR A15		Thomas F. Wallace SALISBURY, Md DATE AUG 11 1966 Meanles Judge
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. CDUNTY etely filled in My the furchon papers. Pages 1 a within 72 hours after d b. COUNTY after Maryland b. CITY OR TOWN (if outside corporate limits, Wicomico MARYLAND C. LENGTH OF STAY IN 1b c. CITY DR TDWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) hours 25,1966 Salisbury NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS 6. IS RESIDENCE ON A FARM? YES X NO eninsu Quantico completely f NAME DE alhhile First 4. DATE Month Oay DECEASEO event, (Type or print) DEATH William Mavhew 19 executed 5. SEX AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) | Months | Days | Hours | Min. 6. COLOR OR RACE 7. MARRIED NEVER MARRIEO [ and WIOOWED X Mav 1891 OIVORCED 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND DF BUSINESS DR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT death certificate be COUNTRY? Sicia east Retired Farmer Farming Wicomico County Maryland 13. FATHER'S NAME MOTHER'S MAJOEN NAME attending permit. Then Annie Hall Theodore F. Toadvine 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SDC IAL SECURITYND. 17. INFORMANT Address (Yes, no, or unkown) | (If yes give war or dates of service) Son William E. Toadvine has been signed by the as the burial-transit p prior to burial, cremati 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: ked IMMEDIATE CAUSE (a) DUE TO mo Conditions, If any, which gave rise to immediate **OUE TO** cause (a), stating the underlying cause last. CERTIFICATION PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE FERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY r this certificate hadetached for use to Dept. of Health p for use Health PERFORMED? YES [ NO N 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY DCCURREO, (Enter nature of injury in Part I or Part II of Item 18.) DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) e: After Hour a.m. While Not While p.m. 19 at work at work DIRECTOR: A age 3 should lied with the 21. I certify that (I) (this hospital) attended the deceased from .1966 and that death occurred at 3:156 M, from the causes and on the date stated above. saw the deceased alive on. & SPENATURE 22a. 22b. DATE SIGNED ATTENOING X MED. page filed STAFF M.O. DIRECTOR HOSPITAL FUNERAL Salisbury, PHYSICIAN'S TO FUNERAL director, p 22d, NAME (Type) Maryland George DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LDCATION (City, town or county) 23a. BURIAL, CREMATION, 1 23b. (State) REMOVAL (Specify)
Burial 66 Parsons Salisbury, Maryland Aug. **FUNERAL DIRECTOR** 25a. REC'O BY REGISTRAR 25b. REGISTRAR'S SIGNATURE SALISBURY 1966 COMPANY VR A15 (4) 20 M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 24 hours after death. and PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) b. COUNTY and completely filled in by the 1 emove carbon papers. Pages 1 any event, within 72 hours after MARYLAND CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENCTH OF STAY IN 1b OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? YES TH NO executed within NAME DE 3. First Middle DATE Last Month Day DECEASED OF (Type or print) 50 DEATH 5. SEX COLOR OR ACE (In years | IFUNDER 1 YEAR | IFUNDER 24 HRS last birthday) | Months | Oays | Hours | Min. 6. 8. DATE OF BIRTH геточе 7. MARRIED NEVER MARRIED Months **OIVORCED** 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) physician an please reval, and in .5 10b. KIND OF BUSINESS OR (County & State, or foreign country) 12. CITIZEN OF WHAT INDUSTRY\_ COUNTRY? The law requires that the death certificate. removal. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAM attending ph ermit. Then 55 -2 in signed by the attend burial-transit permit. burial, cremation, or re 15. WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMANT 16. SOCIAL SECURITY NO. Address (Yes, no, or unkown) (If yes,give war or dates of service) CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: the hospital or attending physician. IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which peen gave rise to Immediate as the b DUE TO cause (a), stating the Geleveses underlying cause last. has PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE for use Health p FERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPS certificate PERFORMED? YES T NO [ PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part 1 or Part 11 of Item 18.) r this certification detached for the Dept. of I OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, ) 20f. (City or town) (County) (State) factory, street, office bidg., etc.) Hour a.m. After While Not While OR ATTENDING 5 State at work p.m at work should ith the S DIRECTOR: age 3 should led with the 21. I certify that (I) (this hospital) attended the deceased from M, from the causes and on the date stated above. saw the deceased alive on and that death occurred at 22a. SICNATURE 22b. DATE SIGNED O FUNERAL DIRE director, page 3 should be filed w ATTENDING STAFF DIRECTOR PHYSICIAN'S ADDRESS 22d. NAME (Type) BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY-OR-CREMATORY LOCATION (City, town or county) (State) 23d. REMOVAL (Specify) 60 FUNERAL DIRECTOR ADDRESS 25a. REC'D BY RECISTRAR 25b. RECISTRAR'S SICNATURE VR #15 (4) 20M 1/65

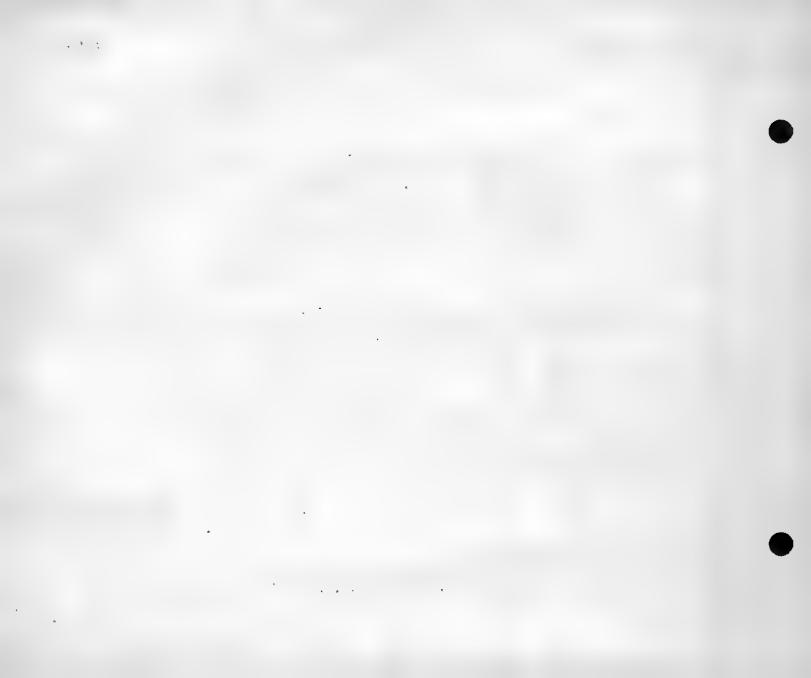


MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH executed within 24 hours after death completely filled in by the funeral nove carbon popers. Pages 1 and y event, within 72 hours after deat I PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) a. COUNTY a. STATE b. COUNTY Somerset Maryland Wicomico MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corparate limits, write RURAL and give necrest town) Fairmount 3 Days Salisbury d. STREET ADDRESS IS RES DENCE ON A FARM? d NAME OF HOSPITA, OR INSTITUTION (If not in hospital, give street address) Deer's Head State Hospital Salisbury Md. Box 37 YES NO. 3 NAME OF Middle Lost 4. DATE Month Dov Year DECEASED **OF** 19 66 6 Mae Washington Type or pont Shirlev DEATH IF UNDER I YEAR IF JNDER 24 HRS. S SEX 6 COLOR OR RACE DATE OF BIRTH 9 AGE (In years 7 MARRIED NEVER MARRIED Months ast a rindoy) Hours in any DIVORCED WIDOWED Female Negro puo 10a USUA, OCCUPATION (Give kind of work done 106 KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, ar foreign country) 12 CITIZEN OF WHAT requires that the death certificate be during most of working life, even if retired) - INDUSTRY **COUNTRY?** 13 FATHER'S NAM 14. MOTHER'S MAIDEN NAME the ottending phy signed by the ottending phy burial-transit permit. Then, burial, cremotion, or removal 15011 Address WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMÁNI (Yes, na, ar unknown) (If yes give war ar dotes af service) CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH Bronchopneumonia IMMEDIATE CAUSE (o) ottending physician. DUE TO Canditians, if ony, which gove Bronchogenic Carcinoma (adeno-carcinoma) 10 wks rise to immediate couse (a). DUE TO stating the underlying cause O FUNITIAL DIRECTOR: After this certificate hos been be detached for use os the Stote Dept. of Health prior to lost. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1101 Pathological fracture right humerus - metastatic lesion YES [ NO by the hospitol or 200 ACCIDENT WAS UNDERLYING 
OR CONTRIBUTING 
CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) 205. DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Port I or Port II of item 1B.) 20c TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or tawn) (County) (State) Not While factory, street, affice bldg., etc.) TO HOSPITAL OR ATTENDING 21. I certify that (I) (this haspital) attended the deceased fram 19 66, ta 876 . 19 66 that (1) (we) last Page 4 moy be retoined director, page 3 should should be filed with the 19 66, and that death accurred at 190AM, from causes and an the date stated above saw the deceased alive an 22b. DATE SIGNED 8/8/66 22o. SIGNATUR **ATTENDING** MED. DIRECTOR M.D PHYS. 22c. PHYSICIAN'S Deer's Head State Hospital, Salisbury, Md Mitchell, NAME (Type) M. 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Tawn) 23o. BURIAL, CREMATION, . (County) (State) REMOVAL (Specify) 24. FUNERAY DIRECTOR 2So. REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE VR A15 (4) DATE AUG 20 M 1/66

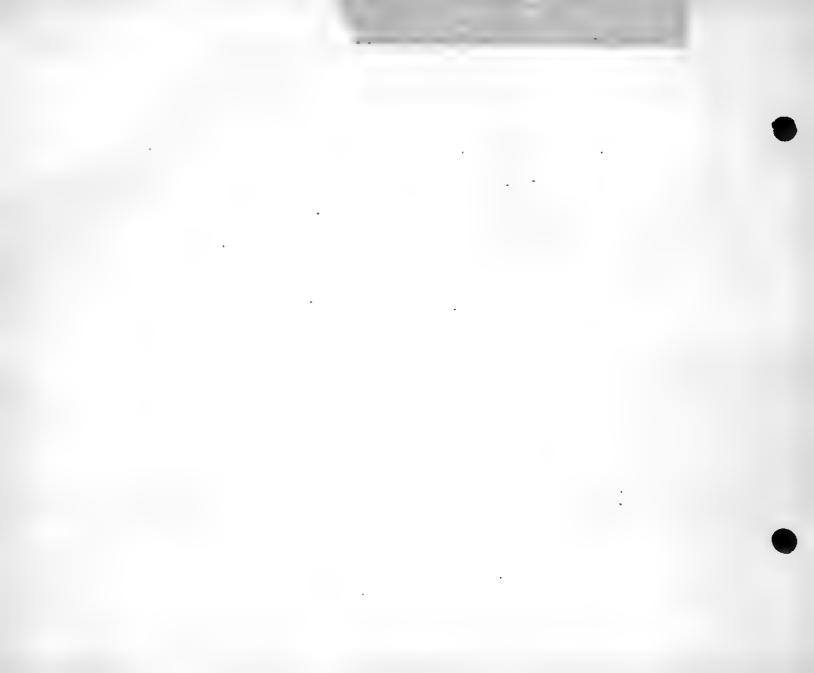


MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 12060 12057PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. and completely filled in by the funeral remave carban papers. Pages 1 and 2 in any event, within 72 hours after death PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o. COUNTY o. STATE b. COUNTY Wicomico MARYLAND Maryland Wicomico b City OR TOWN (If outside corporate mits, c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give necrest town)
Salisbury 16 Days Sharptown d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS IS RES DENCE ON A FARM? Deer's Mead State Mospital, Salisbury, Md. Box 298 NO. NAME OF 4. DATE Lost Month Dov Year DECEASED OF ñ 19 66 (Type or print) Rhuel Watts DEATH IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX 6. COLOR OR RACE AGE (In years 7 MARRIED NEVER MARRIED 8 DATE OF BIRTH iost birthday) Months Hours 4-14-02 Male Megro WIDOWED DIVORCED 1Do USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CIT ZEN OF WHAT 17 BIRTHPLACE (County & Stote, or foreign country) asp during most of working life, even if retired) INDUSTRY COUNTRY? IIS 1 Laborer Domestic Wicomico 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME unknown Lena Watts 17. INFORMANT IS WAS DECEASED EVER IN J.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address (Yes, no, or unknown) (If yes give war er dotes of service) 197-10-9607 Hosp. Records Salisbury. INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) burial-transit PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) signed by DUE TO Conditions, if any, which gove nse to immediate couse (a), DUE TO stoting the underlying couse Page 4 may be retained by the haspital ar ottending as the priar to b O FUNERAL DIRECTOR: After this certificate has been PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) WAS AUTOPS PERFORMED? od far use af Health g RONAHO-PNEUMONIA YES X NO I 205. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18.) 20o ACCIDENT WAS UNDERLYING E OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER! 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg , etc.) Not While of work 21. I certify that (1) (this haspital) attended the deceased from. , 19\_66 , to\_\_\_8/25 19 66 that (I) (we) last 8/9 shauld 8/25 19 66, and that death occurred of : 25AM, from causes and on the date stated above. saw the deceased alive on. 22b. DATE SIGNED 220. SIGNATURE STAFF PHYS 8/25/66 DIRECTOR M.D. PHYS. 22d. ADDRESS PHYSICIAN'S NAME (Type) C. H. Winnacott M.D. Deer's Head State Mospital Salisbury director, should 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23b DATE THEREOF (County) SMe 29-66 Sharptown Cemetery Wicomico 2Sb. REGISTRAR S SIGNATURE 2So. REC'D BY REGISTRAR VR A15 (4) 20 M 1/66 DATE AUG 1366

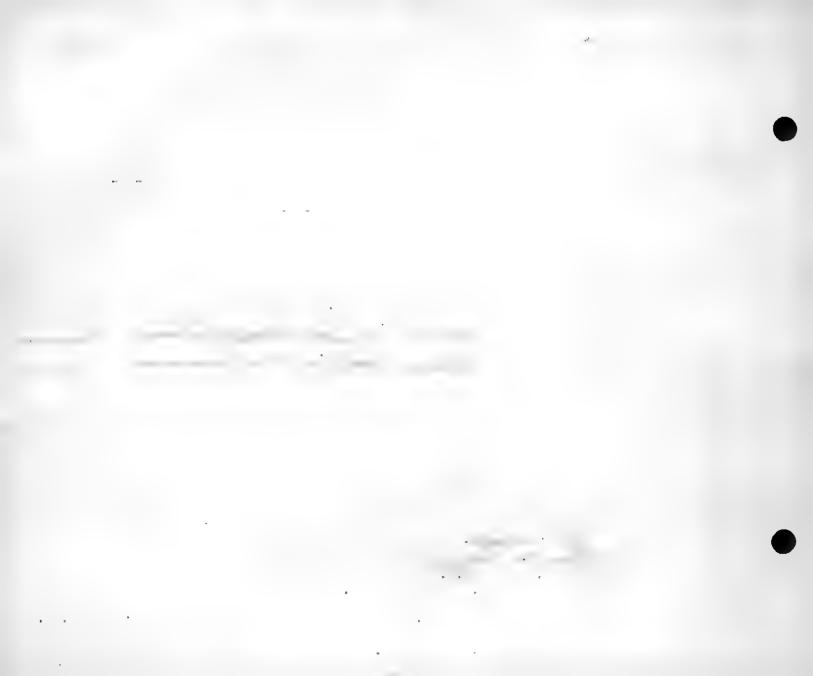


MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12058MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPEN PLACE OF DEATH USUAL RESIDENCE (Where deceased ved, if institution Residence before admission) delay 15 o. SIAT Maryland b COUNTY Wicomico a. COUNTY Page Wicomico MARYLAND Deportment c CITY OR TOWN (If outs de corporate limits, write RURAL and a ve nearest town) b CITY OR TOWN ( f autside carparate mits. c LENGTH OF STAY N 16 write RURAL and give neorest town haurs after Delmar Salisbury d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? (RumRidge Hd.) RD #3 Pemberton Drive Ext. (Esham Farm) YES NO pencil in Item 18 Give Pages ate 24 naurs after death 3 NAME OF Middle 4 DATE Lost Month Year DECEASED Ф August 22 19 66 Wells William Russell (Type or print) DEATH alang S SEX 6 COLOR OR RACE B. DATE OF BIRTH AGE (In years IFTINDER 1 YEAR IF UNDER 24 HRS. 7 MARRIED NEVER MARRIED last birthday) Months Feb. 4, 1918 White Na la MIDOWED DIVORCED event land 1Da USJAL OCCUPATION (G ve kind of work done IDE KIND OF BUSINESS OR 11 BIRTHPLACE (State or fareign country) 12 CT ZEN OF WHAT rd 'pending' in pencil in Item Ch'ef Medical Examiner's Off during most of working life, even if retired) INDUSTRY DSA TRY? Wicomico Co. Maryland QUA Electrician 13 FATHER S NAME 14 MOTHER'S MAIDEN NAME be executed within . ⊑ Florence Parsons Vileetus Wells and 17 INFORMANT Nicie Ronnie (Sister) IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. permit. (Yes, no ar unknawn) (If yes a ve war ar dates of service) removal 217-10-2032 RumRidge Road. Salisbury, Maryland 1B. CAUSE OF DEATH (Enter only one cause per line far (a), (b), INTERVA, BYTWEEN ONSET AND DEATH burial-transit PART I DEATH WAS CAUSED BY Б IMMEDIATE CAUSE (o) This certificate shauld e certificate, writing the ward shauld be farwarded to the Cr crematian, DUE TO Conditions, if ony, which gove nse to immediate cause (a), DUE TO stoting the underlying cause D SD burial, a 19 WAS AUTOPSY PERFORMED? PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO K please execute the certificate, YES 🗍 be to 2Do EXTERNAL CAUSE WAS PRIMARY Lor CONTRIBUTING □ 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature, anymory in Part I or Port II of term 18) 5 may be retained far yaur files.

O FUNERAL DIRECTOR: Page 3 should |
Health ar its designated agent, priar EXAMINER: CAUSE OF DEATH 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCUPRED PLACE OF INJURY (Home, form, (City or fown) (County) (Stote) AD I HOUT THE tactory, street, office bldg, etc) Not Wh Wicomico Co., Maryland 8/22 1966 at wark L 12:30p.m. at wark 21. I certify that I taak charge of the remains described above, held an Autopsy ... Inspection DC Inquiry X. and in my opinian Natural causes funeral director. death resulted frame Accident | Suicide 🔀 Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASS STANT MED CAL EXAMINER SIGNATURE August > Z TO DEPUTY Egrl B. Royer Dr. DEPUTY MEDICAL EXAMINER [20] **EXAMINER'S** Camden Avenue, Salisbury, Mary landdress (Street, city, town, or county) NAME (Type) the 23b DATE THEREOF 232 NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a BUR AL, CREMATION, (Caunty) REMOVAL (Specify) Aug. 26,1966 Farlow Cemetery Pittsville Maryland 25b REGISTRAR'S SEGNATURE 25g REC'D BY REGISTRAR 24 FUNERAL DIRECTOR VR ATSME (ST HOLLO AY & COMPANY, SALISLURY, MARYL ND DATIAUG 1966 Ochonles 6M 1/66



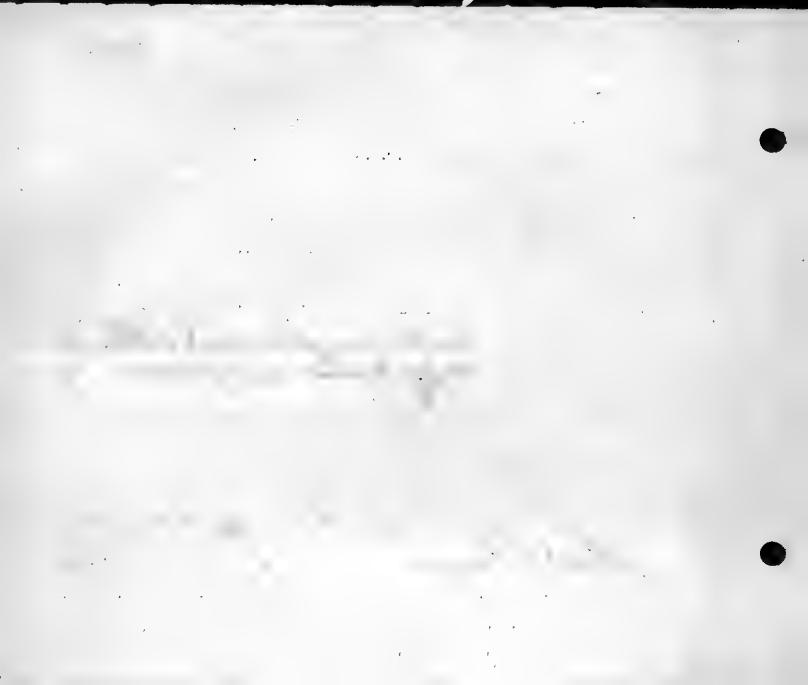
1 X /4	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	12062 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1205	(q
HEALTH DEPT.	PLACE OF DEATH  2 USUAL RESIDENCE (Where deceosed lived, if institution Residence before o	-
y is i ta age taf ath.	Wicomico MARYLAND New York	-
fter death if ary delay is Give Pages 1, 2, and 3 ta ang with farm PM3. Page th the State Department af thin 72 hours after death.	b CITY OR TOWN (1 outside corporate limits, write RURAL and give nearest to write RURAL and give nearest town)	iwn)
Plant part after after	Salisbury Cornwall on the Hudson  d NAME OF HOSPITAL OR INSTITUTION (if not in hosp to, give street address)  d STREET ADDRESS	S RES DENCE ON A FARM?
I s l	Peninsula General Hospital	
Page With 1 with 1 72 ha	3 NAME OF First Middle Lost 4 DATE Month Dov	Year
ve P wither	DECEASED (Type or print) HELEN WENCHEL DEATH 8-25-66	19
s after death 18. Give Pages alang with far 2 w th the State it w thin 72 hour	The book days and the state of	UNDER 24 HRS
haurs offices and 2		
4 ~ >	100 USUAL OCCUPATION (G ve kind of work done during most of working life, even if retired)  11 BIRTHPLACE (Stote or foreign country)  12 CITIZEN OF W COUNTRY?  New York	HAT
thin 24 miner miner pages in any	13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME	
t with in pen Exam File p	Casmer Olserky Balbina Jendrewsky	
	1S WAS DECEASED EVER INUS ARMED FORCES? (Yes, no. or Linknown) (If yes give wor or dotes of service)  No  17 INFORMANT Louis  Mr. Lewis Wenchel, New York (husband	.)
ate shauld be execute. 3 the ward "pending". 1d ta the Chief Medical 1a burial-transit permit 1crematian, ar remaval,	1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b) and (s)) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o)  Congestion  (A)  (A)  (A)  (A)  (A)  (B)  (A)  (B)  (A)  (B)  (B	AL BETWEEN AND DEATH
word word he Ch	Conditions if any which some DUE TO R. A. S. C. J. Director To.	
she v he v ta tl ta tl	nse to immediate couse (a), (b)	~~ _
itate ng th ded t ded t as a	lost. (c)	
certifico , writing arwarde used as burial, c	PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	AS AUTOPSY REORMED?
his cate, of the fair be un	YES YES	NO Z
4 _ 2 0	PE 200 EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.  29b DESCRIBE HOW IN. JRY OCCURRED (Enter noture of Injury in Port II of Item 18)  CAUSE OF DEATH.	
bridal EXAMINER: se execute the certi- sctar. Page 4 shauld ned far your files. ECTOR: Page 3 shou ssignated agent, pri	20c TIME OF IN_RY Month, Day, Year 20d NJURY OCCJRRED 20e PLACE OF NJURY (Home form, hour om. pm. 19 While at work of twork of twork of two	(Stote)
Pagent y Y Feed teed teed		my apiniar
Mebral EXA please execute directar. Page retained far you DIRECTOR: Page ts designated a	death resulted from Natural couses , Accident , Suicide , Hamicide , Undetermined manner	, ,
MAN DIRE S des s des s des s	ACTUAL CHIEF MEDICAL EXAMINER  22.	DATE SIGNED
TY M Y, ple ral di AL D AL D r its	SIGNATURE M.D ASSISIANI MEDICAL EXAMINER L.	
O DEPUTY MEDICAL EXAM necessary, please execute the funeral directar. Page 4 5 may be retained far your 5 FUNERAL DIRECTOR: Page Health ar its designated age	NAME (Type) 409 Camdon Ave. Salisbury, Md. Address (Street, city, town, or county)	, 2,00
10 DEPUTY necessary, the funeral 5 may be r TO FUNERAL Health ar ii	230 BUR AL CREMATION, REMOVAL (Specify) Purial  23c. NAME OF CEMETERY OR CREMATORY St. Thomas Cemetery  Cornwall on Hudson, N.	(Stote)
	24. FUNERAL DIRECTOR ADDRESS 1 250. REC'D BY REGISTRAR 2 25b. REGISTRAR'S SIGNATURE	
VR A15ME (5) 6M 1/66	Burbage Funeral Home, Berlin, Md. DATE AUG 29 1866 gCharles	Judge



	1 (1)	4	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
	=0.5		12063 CERTIFICATE OF DEATH 12060
certificate be executed within 24 hours after death.	funeral 1 and 2 1r death		1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) 3. COUNTY 5. COUNTY 6. STATE 7. D. COUNTY 8. STATE 8. COUNTY 9. STATE 9. 9
afte	by the f Pages 1 urs after		b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  MARYLAND  D. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
ours	in by S. Pag hours		Salisbury Mt. Jou 75
24 h	filled papers. in 72 h		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?  R. D. # 2  VESTA NOT
Ę	ely f on p vithir		3. NAME OF FIRST MIDDLE LAST 4. DATE Month Day Year
wit	completely filled i ve carbon papers. event, within 72 h		(Type or print) MINNIE AMELIA WONGER DEATH (110115T 1966
ecuted	an and con e remove in any eve		5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (in years IF UNDER 14 PAR IF UNDER 24 HRS last birthday) Months Days Hours Min.
ě e	an as e re In a		102. USUAL OCCUPATION (Give kind of work done   10b. KIND OF BUSINESS OR   11. BIRTHPLACE (County & State, or foreign country)   12. CITIZEN OF WHAT
te b	physician n please val, and in		House work None Lancaster Co., Pa. U.S.A.
ifica	ding ph Then removal		
			Benjamin Nolt  Amanda Kreider  15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITYNO. INFORMANT (Yes, no, or unknown) (Hyes give war or dates of service)  16. 38 3220 Mrs. Naomi A. Nolt (Daughter)
leath	ermi on, o		No 162-38-3229 R.D.#2 Mt Joy Pa 17552
the	cian. ed by the atter transit permit. , cremation, or		18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  ONSET AND DEATH  ONSET AND DEATH
la I	r physician. In signed by the burial-transit	-	4 9/1 IMMEDIATE CAUSE (a) Company Com
res	phys sign buria buris	٧	conditions, if any, which ) Phermune - Brann, mastere ora, 72 hours.
The law requires that the death	ttending I has been as the b prior to b		gave rise to Immediate cause (a), stating the DUE TO
WE	has be e as the		underlying cause last. ) (c)    PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)   19. WAS AUTOPSY
The second	al or at ficate h for use Health g	2	PERFORMED? YES NO
CCIAN	ne hospital or a his certificate stached for use Dept. of Health		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  19. WAS AUTOPSY PERFORMED? YES NO  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
G PHY			20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)    Hour a.m.
NON	stained   STOR: Af Should the String the Str		21. I certify that (I) (this hospital) attended the deceased from 7/30, 1966 to 8// 1966, that (I) (we) las
E	ECTO 3 sho		saw the deceased alive on 81 1966, and that death occurred at 8 M, from the causes and on the date stated above 22a. SIGNATURE 22b. PATE SIGNED
A S	t may be ERAL DIRI or, page be filed		April C. Fitzerell M.D. ATTENDING MED. STAFF PHYS. 166.
SPITA	Page 4 may be retained by to FUNERAL DIRECTOR: After director, page 3 should be should be filed with the State	1	22c. Physician's NAME Type Joseph Fitzgerald Melical Center Salesbury, Maryh P
£ 0	Page 4 m O FUNERA director, should be		23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)  REMOVAL (Specify) Aug. 4/1966 Groffdale Cemetery Lancaster Co., Pa.
	_		24. FUNERAL DIRECTOR ADDRESS 25a. REGISTRAR 25b. REGISTRAR'S SIGNATURE
	R A15 (4)		HOLLOWAY & COMPANY SALISBURY, MARYLAND DATE AUG 3 1986 Icharles Judge
2	OM 1/65		

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 24 hours after death. and 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY by the Pages 1 urs after Wicomico Maryland Wicomico **MARYLAND**  City OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b Salisbury = Salisbury d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) fille d. STREET ADORESS e. IS RESIDENCE ON A FARM? rbon pap within Peninsula General Hospital (D. O. S. Church Street NO K YES completely ve carbon p The law requires that the death certificate be executed within NAME OF First Middle Last 4. DATE Month Day Year DECEASED ELWOOD (Type or print) WEST DEATH August 19 66 5. SEX 6. COLOR OR RACE and cor 8. DATE OF BIRTH AGE (In years | IFUNDER 1 YEAR | IFUNDER 24 HRS. last birthday) | Months | Days | Hours | Min. 7. MARRIEO NEVER MARRIEO Days Male WIOOWEO [ June 25, 1901 White DIVORCEO [ 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ξ 10b. KINO OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? Horse Groum (Retired Sussex Co., Delaware UDA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME German West Martha (unk. the mu. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) (If yes give war or dates of service) Mrs. Nora W. West (Wife the burial-transit perm or to burial, cremation, c No Salisbury Street. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONS ET AND DEATH PART I. OEATH WAS CAUSED BY: NG PHYSICIAN: The law requires that the by the hospital or attending physician. IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which (b) gave rise to Immediate as the prior to cause (a), stating the OUE TO underlying cause last. (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY certificata had for use of Health p PERFORMEO? YES NO A 20a. ACCIDENT WAS UNDERLYING [ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF GEATH (IF EITHER, NOTIFY MEGICAL EXAMINER) After this cer be detached State Dept. o N/A MEDICAL 20c. TIME OF INJURY Month, Day, Year 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20d. INJURY OCCURRED 20f. (City or town) (County) (State) DIRICTOR: After t age 3 should be de filed with the State Hour a.m. Not While at work While p.m at work D HOSPITAL OR ATTENDITY
Page 4 may be retained 21. I certify that (I) (this hospital) attended the deceased from that (I) (we) last and that death occurred at 1.2 10 M. from the causes and on the date stated above. saw the deceased alive on\_ 22a. SIGNAPORE OATE SIGNED M.D. PHYS. DIRECTOR O FUNERAL C director, pag should be fill E E PHYSICIAN'S ADORESS NAME (Type) Avenue. sbury. 23a. BURIAL, CREMATION, 23b. OATE THEREOF 23d. LOCATION (City, town or county) 23c. NAME OF CEMETERY OR CREMATORY (State) REMOVAL (Specify) .1966 Shad Point Cemetery burial Salisbury 24. FUNERAL DIRECTOR ADDRESS REC'D BY REGISTRAR HOLLOWAY & COMPANY, SALISBURY, MARYLAND A15



1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MAI	RVI AND
1902 I	12065 CERTIFICATE OF DEATH 120	61
funeral and 2 r death.	a. COUNTY	ence before admission)
completely filled in by the further completely filled in by the further control of the control o	b. CITY OR TOWN (if outside corporate limits,   c. LENCTH OF STAY IN 1b   c. CITY OR TOWN (if outside corporate limits, write RUWAL and	d give nearest town)
in by Pag lours	Write RURAL and give nearest town)	.22 1
72 h	d. NAME OF HOSPITAL OR ANSTITUTION (if not in hospital, give street address) d. STREET AOORESS	e. IS RESIDENCE ON A FARM?
	ENINSULA (SENERAL HOSPITAL)	YES NO NO
	(Type or print) John W. White DEATH HUGUST &	Day Year
5	6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years I FUNDER I YI	EAR IF UNOER 24 HRS ys Hours   Min.
11 d:		ZEN OF WHAT
	13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME	5
	Martha E. Barclav	
d	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no. or unknown) (If yes give war or dates of service) /42-/2-3830 /54/3 White, /3/166	Ke M.
or to burial, cremation, or remov	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:	NTERVAL BETWEEN ONSET AND DEATH
	IMMEDIATE CAUSE (a) DELLE ALLE ALLE ALLE ALLE ALLE ALLE ALL	10 yrs
	Conditions, If any, which (b)	, and the second
	gave rise to Immediate ( cause (a), stating the DUE TO	
Z	underlying cause last. (c)	10 WAS AUTORSY
ICATIO	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
CERTIFICATION		
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, Hour a.m. While at work at work at work 19 at work	(State)
- 1-		, that (I) (we) last
	saw the deceased alive on 7/25 1966, and that death occurred at 127 M, from the causes and on the	
	229. SICNATURE 220. DATE  M.D. ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. PHYS.	7- Z-//-/-
	22c. PHYSICIAN'S NAME (Type)  M.D. PHYS. DIRECTOR PHYS.   22d. ADDRESS	ma
23	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or count)	(State)
23	24. EMPRAL DIRECTOR / ADDRESS / 25a. REC'D BY RECISTRAR 25b. REGISTRAR'S S	IGNATURE
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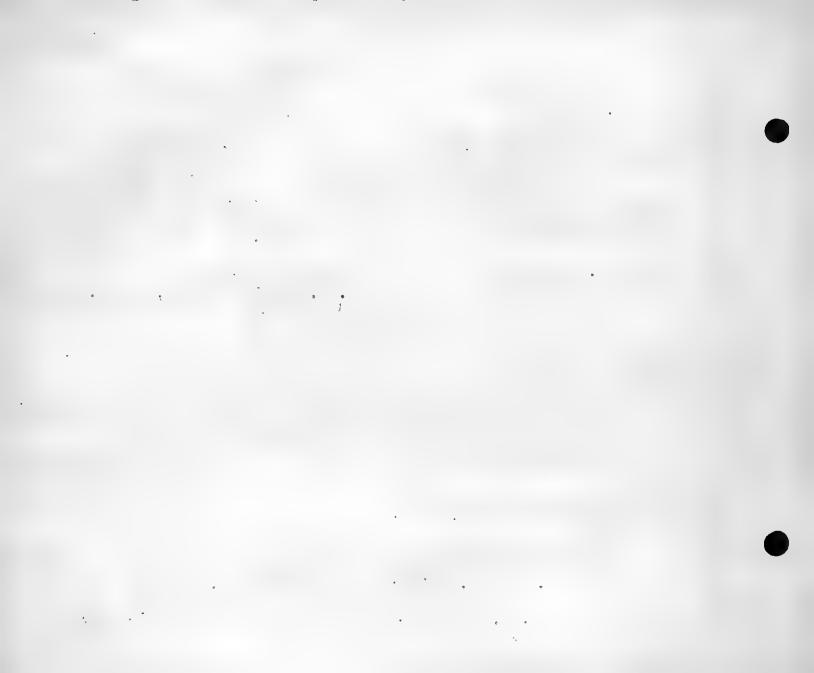
1 1	MARYLAND STATE DI Division of STATISTICAL RESEARCH AND RECORDS, 30	EPARTMENT OF HEALTH	21201
FOR STATE		CERTIFICATE OF DEATH	.1201
HEALTH DEPT.	1. PLACE OF DEATH	2 USUAL RESIDENCE (Where deceased lived if institution Result	19/10/2
	o COUNTY	e CTATE L COUNTY	,
Page Page	Wicomico MARYLAND  b CITY OR TOWN (1 outside corporate mits,	Maryland  c. CITY OR TOWN (If autside corporatemits, write RURAL and	Wicomico
If any deloy is it, 2, and 3 to irm. PM3. Page us ofter death	write RURAL and give nearest town) Salisbury	Quantice	give necess ready
- CA	d NAME OF HOSPITA. OR NSTITUT ON (If not in haspital, give street address)	d STREET ADDRESS	e S RESIDENCE
21.0	Peninsula General Hospital	Box # 31	ON A FARM? YES NO
ve Poges 3 with farm the State II	3 NAME OF First Middle DECEASED	Lost 4 DATE Month	Day Year
T S S S S	(Type or print) Thomas Sylvestor Williams	OF DEATH 8-17	<b>-66</b> 19
ofte 8 Gu olong with	S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED	lost birthdoy) Month	ER 1 YEAR FUNDER 24 HRS S Doys Hours Min
hours ttem 1 Office and 2 event	M C WIDOWED DIVORCED 1  1Do USUAL OCCUPATION (Give kind of work done 1Db KIND OF BUSINESS, OR	11 BIRTHPLACE (Store or fore go country) 12	CITIZEN OF WHAT
hin 24 ho noil in te niner's Of pages tar in ony ev	during most of working life, even if ret red)  1NDUSTRY  1NDUSTRY	MARYLAND	COUNTRY? ZI-S-12
i within n pencil Exomini File pag ond in	ALONZO WILLAMS	14 MOTHER'S MAIDEN NAME REBECCA WAI	IRE
AL EXAMINER: This certificate should be executed within 24 hours after death execute the certificate, writing the word "pending" in pencil in Item 18 Give Poge or. Poge 4 should be forwarded to the Chief Medical Examiner's Office along with for your files.  TOR: Page 3 should be used as a burial-transit permit, file pages 1 and 2 with the State and 3 should be used as a should be used to burial, cremation, or removal, and in any event within 72 high and 2 with a state and 3 should be used to burial, cremation, or removal.	15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no grunknown) (If yes give wor or dates of service) 215-16-3226	MARION WILL 19	Ans.
exe endi Me it pe	18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN
d "ped "ped "ped "ped "ped "ped "ped "pe	IMMEDIATE CAUSE (o) Hemorrhage	•	gnset and death Minutes
ate should be the word "p the word "p the Chier of the Chier o burial-trans cremation, or	Conditions, if ony, which gove ) (b) Laceration of	the right brachial artery	Minutes
the to to bu	nse to immediate couse (a), Stating the underlying cause DUE TO	one right brachitar arbery	Millittes
ficat ing ded ded os c	lost		
certifica , writing orworde used os burial, c	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERM NAL DISEASE COND T ON GIVEN IN PART 1(0)	19 WAS AUTOPSY PERFORMED?
This cate, ne follow to be u	CAIIC	<u>_</u>	YES X NO
短二 교의	■ PR MARY   Lot COMTRIGHT NG	(Enter noture of injury in Port I or Port II of item 18)	
JNER: 1 should be files. 3 should as should be files.	CAUSE OF DEATH  Stabbed during a  20c TIME OF INJURY Month Doy, Yeor 2Dd INJURY OCCURRED 2De PL	a domestic quarrel.  ACE OF INJURY (Home, form,   20f   (City or town)   (	County) (State)
MMI the 4 sl ur fil e 3		ctory street office bidg. etc.)	
EXA cute oge oge od o	A.M. 8-17-66:9 While of work of work 1 He		
ECTAL EXAMINER: tose execute the certificator. Poge 4 should nined for your files. IRECTOR: Page 3 should esignated agent, principles.		reld on Autopsy K., Inspection X, Inquiry	ond in my opinion
sse ecto ined ined RECI		CHIEF MEDICAL EXAMINER	
pleose pleose il directo retaine I DIREC	ACTUAL SIGNATURE	M.D. ASSISTANT MEDICAL EXAMINER	22. DATE SIGNED
o DEPUTY MESTAL EXAM necessory, pleose execute the fine funeral director. Poge 45 may be retained for your D FUNERAL DIRECTOR: Page Health or its designated age	EXAMINES Earl L. Royer, M.D.	DEPUTY MEDICAL EXAMINER 3	17-66
o DEPUTY necessory, the funero s may be c PUNERA Health or	NAME (Type) 109 Camdon Ava. Salishurge Md.	Address (Street, city, town, or county)	
TO DEPUTY necessory, the funeral 5 moy be a TO FUNERAL Heolth or r	PSG BURIAD CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR REMOVAL (Specify)	R CREMATORY 23d LOCATION (City or Town)	(County) · (Stote)
R	24. FUNERAL DIRECTOR DE ADDRESS	2 250. REC D BY REGISTRAR 256 REGISTRAR	S SIGNATURE
VR A15ME (5) (6)	Hilda West Salishung	Med DATAUG 22 1966 xclian	res Judge



1 1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
<u>a</u> 60 €	22857 CERTIFICATE OF DEATH
death.	1. PLACE OF DEATH U.S. IISHAI RESIDENCE (Where decased lived If including Resident admirring)
Ta la	a, STATE b., COUNTY
afto the aft	b. CITY OR TOWN (if outside corporate limits.   C. LENGTH OF STAY IN ID.   C. CITY OR TOWN (if outside corporate limits, write RIBA) and give nearest town
rurs Pa ours	SALIS RURY
24 hours filled in b apers. Pa	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)   d. STREET ADDRESS   e. IS RESIDENCE
	PENINSULA GLNERAL HOSPITAL N MAIN ST YES NOW
or ithin bon with	3. NAME DF DECEASED // First Middle / Last SR 4. DATE Month Day Year
ent in mot w	WILLIAMS DEATH TUGUS 23 1966
# \2 8/9 \	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years   IFUNDER 1 YEAR   IFUNDER 24 HRS   Isst birthday) Months   Days   Hours   Min.
ang ang rem	MALE WHITE WIDOWED DIVORCED 17 UF. 1873 73 yrs.
be cian ase nd ii	COUNTRY? (At)
hysi plea	13. FATHER'S NAME (14. MOTHER'S MAIDEN NAME
tiffic Ig p hen nova	D. C. and J. and J. C. and J. and J. C. and J. and J. C. and J. And J. C. and J. And J
ndir T T	15. WAS DECEASED EVER IN U. S. ARMED FORCES? ( 16. SOCIAL SECURITY NO. ) 17. INFORMANT Address
ath atte mit n, oi	(Yes, rlo, pr unkown) (If yes give war or dates of service)
the attor	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).1
OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within be retained by the hospital or attending physician.  SIRECTOR: After this certificate has been signed by the attending physician and completely ge 3 should be detached for use as the burial-transit permit. Then please reprove about with the State Dept. of Health prior to burial, cremation, or removal, and in any event, with	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ONSET AND DEATH CHICKEN
law requires that tatending physician, has been signed been see the burial-tran h prior to burial, cre	DUE TO
phys phys buri	Conditions, if any, which \ (b)
ling ling oeer the	gave rise to Immediate Cause (a), stating the DUE TO
aw r tenc tas l as l priol	underlying cause last. (c)
r at te h	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  19. WAS AUTOPSY PERFORMED?  YES NO 202. ACCIDENT WAS UNDERLYING OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
SICIAN: The hospital or certificate ched for upt. of Healt	YES NO 202. ACCIDENT WAS UNDERLYING 200. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.)
CIAI Dispiri Cent ned 1. of	OR CONTRIBUTING CAUSE OF DEATH  [IF EITHER, NOTIFY MEDICAL EXAMINER]
PHYSI the ha this detacle e Dep	20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, farm, 1, 20f., (City or town) (County) (State)
NG PI by th fter t be de state	Hour a.m. While Not While factory, street, office bldg., etc.)
ATTENDING PHYSICIAN. The larterined by the hospital or at ECTOR: After this certificate has should be detached for use with the State Dept. of Health	21. I certify that (I) (this hospital) attended the deceased from 2-19, 1940 to 2-23, 19 (4) that (II) (we) last
ATTENDI retained CTOR: A should vith the	saw the deceased alive on 2 23 190 and that death occurred at 7 3M, from the causes and on the date stated above.
OR A)	22a. SIGNATURE , ATTENDING MED. STAFF 22b. DÂTE SIGNED
may be may be filed of filed	M.D. PHYS. I DIRECTOR   PHYS.   1 2 4 70 (a)
PITA 4 m ERAI	22c. PHYSICIAN'S NAME (Type)  22d. ADDRESS
TO HOSPITAL OR ATTENI Page 4 may be retaine TO FUNERAL DIRECTOR: director, page 3 should should be filed with the	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
5 5 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	BREMOVAL (Specify) 8/26/66 EVERGAGETA BERLIN WOR MA
0	24. FUNERAL DIRECTOR ADDRESS 125a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
VR A15 (4)	Anna A. Burbase Dulin Md DATE AUG 26 1966 polimes a
20M 1/65	the fully surge

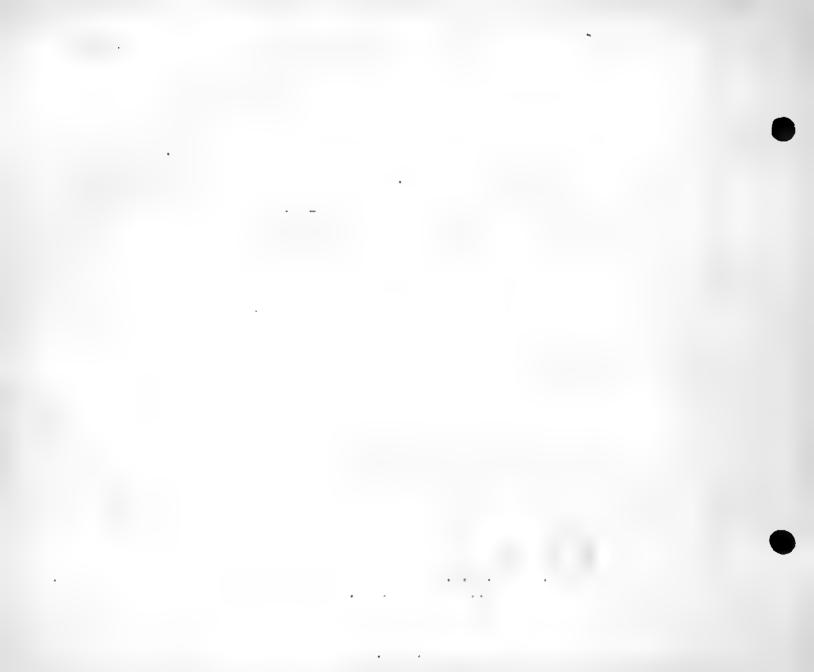


DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH and and death. death. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY W1 COMICO after by the fi Pages 1 urs after Wicomico MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) l completely filled in by to ove carbon papers. Page y event, within 72 hours a Salisbury Salisbury d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Peninsula General Hospital East Church NO X executed within NAME OF Middle DATE First Month Day Year DECEASED DEATH August 19 66 6 CHARLOTTE BALDWIN WIMBROW (Type or print) remove 1 any eve 6. COLOR OR RACE 7. MARRIED X AGE (in years | IFUNDER 1 YEAR | IFUNDER 24 HRS | Iast pirthday) | Months | Days | Hours | Min. В. DATE OF BIRTH 9. NEVER MARRIED July 10 Female White WIDOWED [ DIVORCED [ Ξ. physician an please r 10a, USUAL OCCUPATION (Give kind of work done | 10b, KIND OF BUSINESS OR 12. CITIZEN OF WHAT COUNTRY? 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) INDUSTRY Camden. New Jersev House work death certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME been signed by the attending the burial-transit permits. The r to burial, cremation of remm Emma Briddell John G. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Address (Yes, no, or unkown) | (If yes give war or dates of service) Ercell Wimbrow E.Church Salishury Husband Mary INTERVAL BETWEEN ONSET AND DEATH 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). 1 The law requires that the PART I. DEATH WAS CAUSED BY: attending physician. IMMEDIATE CAUSE (a DUE TO Cenditions, If any, which (b) gave rise to immediate DUE TO cause (a), stating the as th underlying cause last. has (c) CERTIFICATION WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. certificate h for use Health YES 🔽 NO [ PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING [ 20b. DESCRIBE HOW INJURY DCCURRED, (Enter nature of Injury in Part I or Part II of Item 18.) r this certification detached for the Dept. of 1 OR CONTRIBUTING T CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. R. After ould be d the State Not While ATTENDING at work at work p.m. 21. I certify that (I) (this hospital) attended the deceased from that (I) (we) last DIRECTOR: age 3 should lied with the saw the deceased alive\_on \_M. from the causes and on the date stated above. and that death occurred at 22a. SIGNATURE 22b. DATE SIGNED Page 4 may be or FUNERAL DIRE director, page 3 should be filed v ATTENDING PHYS. MED. STAFF PHYS M.O. DIRECTOR TO HOSPITAL PHYSICIAN'S ADDRESS 22c. 22d. NAME (Type) Dr.Henry A Briele Salisbury BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 2 Parsons Cemeterv Burial alisbury Marvland FUNERAL DIRECTOR 25a. REC'D BY REGISTRAR 25b. SALISBURY, MARYLAND VR A15 (4) 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12069 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DE PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o COUNTY g STATE b. COUNTY ay ts 3 ta Page Maryland Wicomico MARYLAND Wicomico partment dea b CITY OR TOWN ( f autside carparate limits, r LENGTH DE STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURA), and give nearest tawn) guq write RURAL and give nearest town after ( Salisbury Salisbury e IS RESIDENCE d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS State Der 72 hours ( DOA Peninsula General Hospital NO DE 111 Navlor St. YES 8 Give Pages haurs after death 3 NAME OF Midd e 4 DATE with the Sto within 72 h Lost Month Day Year DECEASED EMORY NORRIS WOOTERS August 66 19 (Type or print) DEATH AGE (In years IF JADER 1 YEAR IF UNDER 24 HRS S SEX 6 COLOR OR RACE 8 DATE OF BIRTH 7 MARRIED NEVER MARRIED last sythday) Months Dovs Hours White 2-27-28 Male WIDOWED DIVORCED event 10o USUA, OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (State or fare gn country) 12 CITIZEN OF WHAT during most of working lie, even if retired)

DRYMALL INSTRUCTION COUNTRY? DELAINARE AUD Ξ 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME within pencil ⊆ ELIZABETH KNOWLES WOOTERS 昰 guq WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMANT (Yes, no. or unknown) (If yes give war or dates of service remayal, 2.08 GRACE E. WOOTERS - SALLSBURGE INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) burnal-transit Sudden PART I DEATH WAS CAUSED BY Coronary occlusion Į, IMMEDIATE CAUSE (n) This certificate should writing the word crematian, DUF TO Conditions, if any, which gave rise to immediate cause (a), DUE TO stating the underlying cause 0 9 lost burial, i PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES 5 NO the certificate. ţ 20a EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part II of item 18) EXAMINER: CAUSE OF DEATH 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (State) factory, street office bldg. etc.) Haur a m Not While DIRECTOR: Page at wark at wark designated Inquiry X. 21. I certify that I took charge of the remains described above, held an Autopsy 12. Inspection (X) for and in my op n on funeral directar. death resulted from Natural causes 🚾 Accident . Suicide 🗔 Hamicide | Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE. FUNERAL O DEPUTY 5 may be r TO FUNERAL Health ar it L. Royer, M.D. August 2, 1966 Earl DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county) NAME (Type) 109 Camden Salisbury, Md. 23c NAME OF CEMETERY OR CREMATORY (State) 230 BURIAL, CREMATION, 23d. LOCAT ON (City or Town) REMOVAL (Specify) ADES CEMETERY 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR MECHAN Melanley VR A15ME (5) 1966 AUG Watson Funeral Home, Seaford, Del. 6M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH

e. IS RESIDENCE ON A FARM?

Year

19 66

Hours I

INTERVAL BETWEEN

ONSET AND DEATH

WAS AUTOPSY PERFORMED? NO TX

(State)

(State)

18

Days

CDUNTRY?

USA

12. CITIZEN DF WHAT

19.

DATE SIGNED

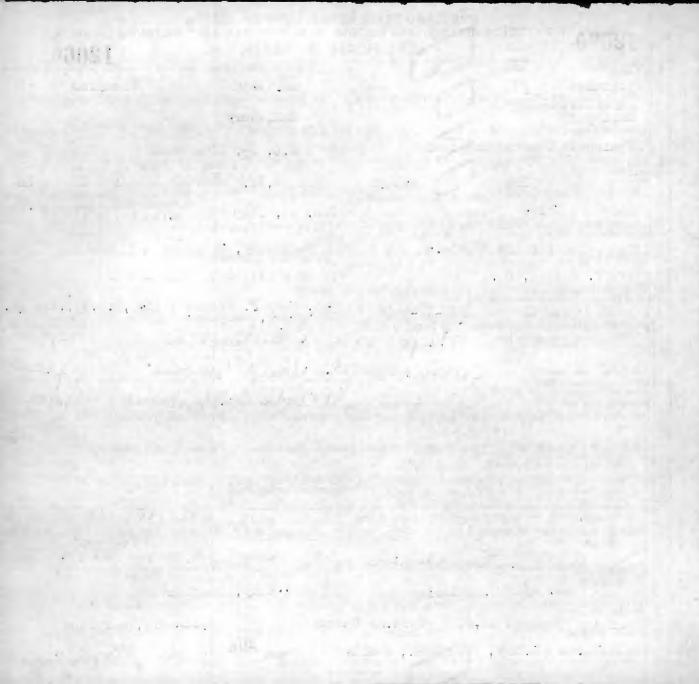
(County)

1966

YES

NO

VR A15 (4) 20M 1/65



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